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STUDY OF CHIROPRACTORS, OSTEOPATHS AND NATUROPATHS IN CANADA

Donald L. Mills

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PREFACE

A contemporary historical account of chiropractic, naturopathy and osteopathy or an assessment of their functions in providing health services to Canadians has to be considered against the problem of acquiring sufficiently accurate and extensive research materials. Many books, pamphlets, articles, research reports, and official briefs, originating in both Canada and the United States, concerned with both the development and functions of these professions are to some degree relevant to this study.

Since these materials have been written by members of these particular health services or their representatives, by journalists and by members or representatives of other healing arts professions, and because the development of these healing arts, as with all others, has been accompanied by varying degrees of professional, public and legal controversy, many of the documents relating to this study are necessarily subjective. For this reason and because there are no available historical accounts of these health services in Canada it has been necessary to use both written and verbal accounts from members of these groups.

One source of material not subject to the limitations mentioned above is the body of legislative acts which defines the limits of practice in these three healing arts. Although these acts were originally subject to controversy, they were written into the laws of the various provinces and were in force in 1963. Because the legal nature of this material lends itself to systematic analysis, an analysis of the legislative acts has been prepared following a method and an order imposed by the nature of the legislation itself.

Nevertheless, and of necessity, major reliance in this study has been placed on survey data from practitioners as there was no comprehensive data source in existence. The Royal Commission on Health Services survey encompassed both personal interviews and self-administered questionnaires.¹ The former involved a purposive sample of officials, junior and senior practitioners across the nation who were interviewed by trained university personnel using a structured interview guide. The latter detailed questionnaire survey was designed to elicit information from all practising chiropractors, naturopaths and osteopaths in Canada; and it is suspected

¹ See Appendix II.

the survey succeeded in obtaining information from most. Along with the many difficulties ordinarily associated with this form of survey, however, the precise parameters of the practitioner populations were not ascertained; given the political and legal aspects inevitably linked with the Royal Commission enquiries, combined with a reticence on the part of the fearful and less professional of the practitioners, these parameters likely were not ascertainable in 1962.² The final version of the questionnaire, prepared after several pre-tests, contained 73 items of research interest. Considerable use was made of pre-coding of response categories both to assist practitioners in questionnaire completion and facilitate computer analysis. Even so the remaining task of coding "free response" questions was extraordinarily complicated and time-consuming. Due to limitations in time and resources, data analysis was confined mainly to simple cross-tabulation.

Supplemented by documentation from Canadian Memorial Chiropractic College authorities, a brief first-hand study was made by the author of this study of that professional school's facilities and operations in the latter half of 1962.

Without the impressive cooperation of most chiropractors, naturopaths and osteopaths in Canada it would not have been possible to extend our knowledge about these practitioners much beyond the prior-existing admixture of fragmentary and unrelated facts, fulsome and antiquated myths. Greatly helpful were the officials in the professional associations who urged, and themselves provided cooperation with the aims of the research effort. In particular, mention should be made of Dr. W.O. Morgan, Past President, Canadian Chiropractic Association; Dr. D.C. Sutherland, Executive Secretary, Canadian Chiropractic Association; Dr. R. Skaken, Secretary-Treasurer, Canadian Naturopathic Association; Dr. J. A. Boucher, Secretary-Treasurer, Association of Naturopathic Physicians of British Columbia; Miss J.S. Currie, Secretary-Treasurer, Canadian Osteopathic Association; and Dr. L.W. Mills, Director of Educational Research, American Osteopathic Association. These individuals personally spent many hours in providing invaluable data and willingly made the resources of their respective offices available to the Royal Commission on Health Services.

Dr. Richard Laskin, Illinois Institute of Technology, participated in the survey research design, initiated and undertook portions of the interviewing field work, data processing, and analysis along with preliminary writeup. Mr. Irving Rootman, Yale University, assembled and analyzed the legislation bearing on each of these healing arts. The University of Alberta generously provided computer personnel and facilities. There are also the interviewers, research, and editorial assistants, part-time and full-time paid and unpaid, whose contributions have been essential and appreciated.

² This problem is discussed in Chapter III, "Manpower Supply and Demand."

Finally, grateful acknowledgement must be made of the impressive and ever-ready assistance provided by Professor Bernard Blishen, Director of Research, Royal Commission on Health Services, and those of his staff who aided him in these endeavors.

1964

Donald L. Mills
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HISTORICAL AND LEGAL ASPECTS OF CHIROPRACTIC, NATUROPATHY AND OSTEOPATHY IN CANADA

There were several reasons why chiropractic, naturopathy and osteopathy¹ in Canada were examined together for the Royal Commission on Health Services. The most important of these reasons is that a clearer understanding of any one of these fields is not to be gained by studying it in isolation: it becomes more comprehensible when viewed in relation to one or more of the others.

In addition to the analytical utility of the comparative approach, it must also be recognized that there are similarities among these healing arts as they have developed in Canada. In greater or lesser degree they share a tradition of struggle toward further professionalization, practising within a body of legislation which bears certain uniformities. Finally, there has been a common history of striving for public recognition in the face of continuing opposition from the organized medical profession.

It would be a mistake to over-emphasize the similarities among these three services, however. Although they bear certain superficial resemblances in the emphasis on so-called 'natural' approaches to treating human ailments, the philosophies underlying chiropractic, naturopathy and osteopathy, are greatly different. It would also be a mistake to assume that the Canadian legislative circumstances which dictate the range of therapeutic and diagnostic approaches to healing is universally typical for these services. When they operate in a less restrictive situation - as in the United States - the services brought to bear on health conditions may be markedly different among chiropractic, naturopathy and osteopathy. Moreover, the background experiences in pre-professional and professional training which individuals in each of these fields brings to his practice are at marked variance. Thus it would be grossly inaccurate to conclude that these three services are here being studied together because of their essential identity.

¹ Definitions for these terms are included in Appendix I-A.

A. MAJOR DEVELOPMENTS

Understanding the part played by these healing arts in contemporary Canadian life can be realized better with a look at their historical development including an analysis of the legislation which has pertained to each of them.² To ignore the social and legal antecedents would make this study both artificial and incomplete.

Chiropractic, naturopathy and osteopathy have beginnings which lie outside Canada. Osteopathy and chiropractic had their start in the United States in the last century, with osteopathy beginning about a generation earlier than chiropractic. Naturopathy, on the other hand, has antecedents going back earlier in the 19th century, and its development was largely in Central Europe, but it was considerably later that it came to the North American continent. Chiropractic and osteopathy began to develop in Canada shortly after emerging in the United States - that is around the beginning of the 20th century. Naturopathy, on the other hand, appears to have developed rather later on the Canadian scene that was true in the United States.

To some extent each of these health services was developed as a reaction to the practice of medicine as it existed in an earlier time, and in the instances of osteopathy and naturopathy, people who had been trained in medicine of the day played important parts in this development. In their earliest years advocates tended to ascribe complete efficacy to their particular field; but with the passage of time redefinition of philosophies was expressed in changed attitudes about diagnostic and therapeutic techniques. And here lies a marked difference among these three health services: the different rates at which these changes have occurred. Osteopathy increasingly introduced the standard procedures of the medical profession and the training undertaken by the osteopath reflected that approach to healing. This was true almost from the beginning of the 20th century, until today the training of osteopaths is greatly similar to that of medical practitioners and their approach to human illness reflects this convergence in formulation. In the instance of chiropractic, the redefinition was more recent, and it was mainly since the 1930's that chiropractors came to see their services no longer as a cure-all; it was increasingly recognized that neurological and musculoskeletal configurations were not the only elements involved in human disabilities. Consequently, there appears to be an increasing tendency on the part of practitioners to view chiropractic as a specialty within the healing arts. In the instance of naturopathy, a major shift away from the belief that so-called 'natural' methods of healing are the best has not been in widespread evidence. With the exception of conditions obviously requiring surgery, it is probably still the tenet of a majority of naturopaths that their service is sufficient to ensure the accurate recognition and proper treatment of most human ills.

² A more detailed discussion of these historical developments may be found in Appendix I, Part A - "A Brief History of Chiropractic, Naturopathy and Osteopathy in Canada".

Through the years these three services, like other health services, have undergone struggles within their professional ranks. Chiropractic has had a number of contending professional associations which arose out of different "schools" with different approaches in diagnosis and therapy. This controversy has until very recently found most chiropractors in one of two major disputing groups, and it is only now that an era of general harmony appears to have emerged, with its potential for further professionalization. For naturopathy, rather than controversy within organized professional ranks, the lack of cohesiveness among practitioners has been more apparent and reflects an individualism which has marked the attitude of many. This has been shown in the historically more recent development of professional organization among naturopaths in North America, and particularly is this true on the Canadian scene. Among osteopaths serious disagreements were confined to the early period of development, and, with the exception of a reluctance by many Canadian practitioners to see a Canadian commonality of interest, they have achieved a cohesiveness on the North American continent akin to that of organized medicine.

The development of these three fields in Canada has been greatly influenced by what has transpired in the United States. A majority of these Canadian practitioners have been trained in the United States because facilities have not been available here. This was probably due to the very considerable costs associated with providing this type of education and the relatively small numbers of Canadians seeking it. The only exception to this generalization is chiropractic, which because of its increasing numbers has had a professional school in operation in Toronto since the end of World War II, where approximately one-half of Canadian practising chiropractors were trained.

There have been other notable influences. The larger professional associations in the United States have influenced, in varying ways, what has happened to these professional groups in Canada.

A further factor influencing professional development in Canada is reflected in the provincial legislation affecting these practitioners. The absence of nearly identical legislative provisions has inhibited inter-provincial communication and cooperation. Practitioners within a particular province have tended to feel that their problems were peculiar to that province, and there was a lack of concern about the problems of practitioners in other provinces. As a result, the development of a truly national professional awareness has come rather late. In more recent times, however, an attempt toward standardization of legislation - most notably within chiropractic - has led to a greater national consciousness, accompanied by a more widespread acknowledgement of the need for controls in those political jurisdictions where such legislation has been lacking. Thus national consciousness on the professional level has come to osteopathy within the past third of a century, to chiropractic within the past two decades, and to naturopathy largely within the past decade.

The impetus for professional organization among chiropractors appears to have come from the western provinces to as great an extent as from Ontario where the

greatest practitioner population has existed. The impetus for professional development in naturopathy clearly has been concentrated in the western provinces. With osteopathy, however, there has been a fairly direct and understandable correlation between the numbers of practitioners in a given province and professional activities, hence the important role assumed by Ontario osteopaths.

Public recognition and control of these practitioners has been inextricably linked to the long-standing controversy with allopathic medicine at the professional association level. As chiropractic, naturopathy and osteopathy attempted to establish legislation granting them the privilege to practise and making explicit those conditions under which practice might be conducted, there was organized opposition from the medical profession in most provinces. To this day, these groups have failed to gain legal sanction in some provinces largely because of this opposition - an opposition maintained according to the medical profession, to protect the public health. These three groups have countered that medical opposition to recognition has been perpetuated principally to reduce economic competition. And chiropractors, naturopaths and osteopaths have contended that to deny the benefits of their respective approaches to patients does a disservice to sections of our population; they have also taken the position that denial of legislative control over the activities of practitioners in some provinces enhances the opportunity for a few unscrupulous persons to conduct practices which are inadequate, making it extremely difficult to enforce strict adherence to ethical standards.

Legislative circumstances have had another consequence in one of these fields. In an earlier day, osteopathy had a significantly larger number of practitioners in Canada. The smaller number of osteopathic practitioners in Canada today is directly attributable to legislation regarding the scope of practice in those provinces having specific osteopathy coverage, and the total lack of legislation dealing with this group in the remaining provinces. As a consequence, osteopaths have found it more effective and far easier to practise in the United States where their numbers are large and where the scope of practice is markedly broader than that allowed anywhere in Canada.

Though they have been difficult for chiropractors, legislative problems have not been as restrictive as for osteopathy. This is partly due to the fact that there are much larger numbers of chiropractors in Canada who have made their weight felt in the development of legislation, and as a consequence there is more in existence bearing on chiropractic than on the other two fields.³ But chiropractic has had its problems in Canada, even if today they are not centered on the scope of practice; for example, chiropractors, as has been true almost everywhere for the other two groups, have been and are still denied access to hospitals in Canada. There are other examples: they have been and are still denied the use of facilities provided by provincial diagnostic laboratories, and the services of all three of these groups have not been and are still not covered by health plans in a number of political jurisdictions. In contrast to these professional shortcomings and failures, in most of the provinces having legislation on these health services, workmen's compensation payments have

³ A more detailed discussion of these historical developments may be found in Appendix I, Part B - "Chiropractic, Naturopathic and Osteopathic Legislation in Canada".

been made available for the services of practitioners upon application by patients. These provisions were gained largely through the efforts at the professional association level. Thus, one of the aims of professional associations has been the organized fight for establishment of legislation in provinces not having any coverage for that service. In most instances only through such organization has it been possible to achieve legislation.

In assessing the major historical trends then, what has happened to chiropractic, naturopathy and osteopathy during the past half century in Canada is largely the consequence of three major factors. The first of these is that professional training for a majority of practitioners has not been available in this country; more will be said about this in Chapter V. The second factor is the proximity of large numbers of United States practitioners in these fields as contrasted to the very small numbers in this country; for example there are about 20 times as many chiropractors and 140 times as many osteopaths. The United States groups have tended to dominate aspects of the Canadian scene; or if not dominate, at least to create the sort of dependency relationship within which there was a tendency for Canadian practitioners to do relatively little about their Canadian situation, while the American practitioners understandably were preoccupied with their own problems.

The third and most compelling influence in the history of these groups has been the presence or absence of legislation under which practice has taken place. The initiation of legislation ordinarily has come from within professional bodies in the western provinces. Legislation has been initiated in a different quarter only where the medical profession has attempted to govern the affairs of a profession — particularly osteopathy — by bringing that group under the direct and explicit control of provincial medical acts.

B. LEGISLATIVE TRENDS

Given the saliency for these groups of legislative efforts, what have been some of the major historical trends? A chronology of legislation is presented in Table I-1. Formal legislation had its beginnings approximately one-half century ago in Saskatchewan with legislation covering osteopathy. And it is the western provinces which today have the most complete legislation bearing specifically on each of these fields. In marked contrast eastern Canada has little or no legislation dealing with them; Quebec, Newfoundland and Prince Edward Island have none and the situation in Nova Scotia is almost as limited. New Brunswick, of late years, has developed some legislation. Ontario, where the largest number of these practitioners has always been located has had for four decades a single act which deals with chiropractic, naturopathy and osteopathy. This Ontario Drugless Practitioners' Act was devised by the government in cooperation with the medical profession, and, as the title suggests, was aimed at limiting the scope of practice. Since its inception, this type of legislation has been considered onerous by practitioners in these three health services but it has been viewed as better than no legislative control at all.

Over a decade ago a modicum of self-governing was introduced with the establishment of separate boards of directors for chiropractic and osteopathy in Ontario; the naturopaths still operate under the parent board, which has representatives from other healing arts (excluding chiropractic and osteopathy) as well as naturopathy.

TABLE 1-1

CHRONOLOGY OF ORIGINAL LEGISLATION BEARING ON CHIROPRACTIC,
NATUROPATHY AND OSTEOPATHY IN CANADA

- 1909: British Columbia – “Medical Act, 1909” (osteopaths)
- 1911: Alberta – “The Medical Profession Act” (amended to include osteopaths)
- 1913: Saskatchewan – “The Osteopathy Act”
- 1917: Saskatchewan – “The Drugless Practitioners Act, 1917” (drugless practitioners)
- 1920: New Brunswick – “The New Brunswick Medical Act, 1920” (osteopaths)
- 1921: British Columbia – “Medical Act” (amended to include chiropractors, drugless physicians)
- 1922: Alberta – “The Medical Profession Act” (amended to include chiropractors)
- 1923: Alberta – “The Chiropractic Act”
Ontario – “The Ontario Medical Act” (amended to include osteopaths, chiropractors and drugless healers)
Nova Scotia – “The Medical Act” (amended to include osteopaths)
- 1925: Ontario – “The Drugless Practitioners Act, 1925” (chiropractors, osteopaths, drugless therapists)
- 1929: Saskatchewan – “The Drugless Practitioners Act, 1929” (chiropractors, osteopaths, etc.)
- 1934: British Columbia – “Chiropractic Act”
- 1936: British Columbia – “Naturopathic Physicians Act”
- 1943: Saskatchewan – “The Chiropractic Act, 1943”
- 1944: Saskatchewan – “The Osteopathic Practice Act, 1944”
- 1945: Manitoba – “The Chiropractic Act”
“The Osteopathic Act”
- 1946: Manitoba – “The Naturopathic Act”
- 1950: Alberta – “The Drugless Practitioners Act, 1950” (naturopaths)
- 1952: Alberta – “The Naturopathy Act”
- 1954: Saskatchewan – “The Naturopathy Act, 1954”
Nova Scotia – “The Medical Act” (osteopaths)
- 1958: New Brunswick – “The Chiropractic Act”
“Medical Act” (osteopaths)

Source: Legislation for the provinces listed.

In regard to types of legislation the most common form of current legislation is found in chiropractic where five provinces have chiropractic acts. The least common is to be found in osteopathy where only two provinces have osteopathic acts. Naturopathy has four specific provincial acts dealing with it. It is almost as common for medical acts to be related to these fields; there are four medical acts which pertain to the practice of one or more of them. The Workmen's Compensation Act in six provinces provides for health services from one or more.

In terms of educational requirements, in no instance does a Canadian province have legislation requiring more than Grade XII completion as a pre-professional training qualification. At the same time it should be noted that professional associations or the professional schools may require more extensive pre-professional education than called for in the legislation.⁴ As for professional education, most provinces possessing legislation insist on graduation from a "recognized" professional school as one condition of licensure, the term "recognition" here referring to recognition by a professional association. Moreover, this recognition ordinarily involves the applicant's possessing at least four-, eight-, nine-, or ten-months academic years of professional schooling.

Contemporary legislation in most instances specifies what group within the province is authorized to act as the examining body for entrance into practice. Only two provinces place such examinations exclusively in the hands of the profession; in some instances medical boards are assigned this function. It is also relatively rare for provincial universities to prepare and administer examinations for these practitioners. In several provinces the various subjects in which would-be licentiates are to be examined are explicitly listed in the legislation. For chiropractic, naturopathy and osteopathy the three subjects prescribed in all provinces are anatomy, physiology and pathology. In most instances there are also examinations to be taken in chemistry along with the principles and practices of the particular field. There are many other subjects mentioned in the legislation of the provinces, but there is considerable variability among them; yet it should be noted that examination subjects specified commonly deal with diagnosis, sanitation and hygiene, histology, neurology and gynecology, in addition to those already mentioned. In several instances registration fees and annual fees are described in the legislation and these range between \$5.00 and \$250.00, depending upon the field, the province, and the array of factors covered in the particular fee structure.

An important aspect of the legislation deals with allowable scope of practice. In general, prescription drugs, anaesthetics, and the practice of surgery are explicitly denied to these practitioners.⁵ Midwifery is frequently mentioned as not allowed and where there is no mention of midwifery, obstetrics are excluded from the

⁴ For example, in osteopathy there is a requirement of at least three years of accredited university-level study as a minimum for admission to any osteopathic professional school; accredited professional schools in chiropractic and naturopathy may require from one to four years of pre-professional training.

⁵ The only exception here is Nova Scotia where the osteopath must possess a degree in allopathic medicine and pass a suitable examination to be eligible to practise, then he may be allowed to use any of these as appropriate.

scope of practice. In a number of situations explicit mention is made of the practice of medicine not being allowed; if this is not covered in the legislation dealing directly with these practitioners, the provincial medical act itself excludes persons not covered by the medical act from practising medicine. In some instances mention is made of venereal diseases or other communicable diseases, which may not be treated by chiropractors, naturopaths or osteopaths. X-ray privileges are allowed explicitly in four instances. In nearly all cases the administration and regulation of professional conduct is left to the licensing body as one of its functions.

Thus the Canadian legislative context is seen to have been extraordinarily influential in the historical development and current status of these health services. It is against this background that the structure of these occupations for patient care activities may be evaluated.

CHIROPRACTIC, NATUROPATHY AND OSTEOPATHY AS OCCUPATIONS

With some knowledge of the major historical and legal conditions which have served to shape these fields, it is next appropriate to consider what they are like as occupations. For it is not possible to understand how they articulate with Canadian health care without a fairly detailed consideration of how professional they are.

Occupations are professionalized in varying degrees and these three fields are no exception. Highly professionalized occupations, usually termed 'professions', are typified in part by the degree of autonomy enjoyed by their practitioners, and as a corollary, the amount of control professions exercise over the actions of members and the established standards of membership are of crucial concern. An indication of the latitude accorded these three fields by society through legislative means was delineated in the previous chapter; of great importance, as well, are internal control processes. One of the more effective agencies of control evolved through the centuries has been the association of occupational colleagues. In some instances, because of the communication problems and small numbers of professionals in an earlier day, these associations were local in nature as well as rather informal in character. For chiropractic and naturopathy, the development of a national professional association in Canada has come within the past two decades. In contrast, the Canadian Osteopathic Association dates from a generation earlier, in the mid-1920's.¹ But provincial and local associational antecedents, as was noted in Chapter I, particularly with osteopathy, go back to the first decade of the century.

Development has been slow not only for these reasons, but because of the profound influences exerted by the existence of professional affiliations with the comparatively larger professional associations in the United States. For example, the American Osteopathic Association was founded in 1897,² and nearly as many Canadians belong to that organization as belong to its Canadian counterpart. The larger and older of the two United States based chiropractic professional groups, (which recently combined to form the American Chiropractic Association),

¹ Although the Canadian Osteopathic Association was chartered at that time, it was inactive for a number of years until its reorganization in 1942.

² American Osteopathic Association, *A Brief History of Osteopathy*, Chicago; 1946, p. 19.

the National Chiropractic Association,³ dates from before World War I, while the other, the International Chiropractors Association,⁴ dates from the 1920's; for many years these constituted the most important organizational affiliations for many Canadian chiropractors. There are still Canadian members in the American Chiropractic Association. Though more recent, the pattern of professional affiliation for naturopaths is similar.

Many practitioners have been very closely related to the American professions because of their nearness and because many of the practitioners received their professional training there. All of Canada's osteopaths were trained in the United States; and of the 57 divisions of the American Osteopathic Association, six are Canadian provincial organizations.⁵ It goes without saying, however, that the way these professions have developed and function in Canada is markedly different from the United States.

A major aspect of this study of chiropractic, naturopathy and osteopathy in Canada is thus concerned with the organization and activities of Canadian professional associations, and practitioner attitudes toward these occupations, their clienteles and the public.

A. ORGANIZATION AND ACTIVITIES OF CANADIAN PROFESSIONAL ASSOCIATIONS

In order to gain a comprehensive understanding of these professional associations, it is necessary to examine them in terms of their purpose, structure, membership, financial arrangements, professional meetings, educational functions, research sponsorship, informational functions, protective and mutual assistance functions, ethical standards, relationships with other healing arts, relationships with government agencies, relationships with the general public, and intra-professional relationships.

Purpose

The existing national professional organization for chiropractors, the Canadian Chiropractic Association, was established by Federal Charter in 1953, but its parent organization, the Dominion Council of Canadian Chiropractors, was established one decade earlier.⁶ The Federal Charter of the Canadian Naturopathic Association dates from 1955.⁷ The Canadian Osteopathic Association was organized under Federal Charter in 1926. The charters for these associations have

³ According to the *Wall Street Journal*, (August 31, 1961) the N.C.A. numbered 6,200 members in 1961.

⁴ According to the *Wall Street Journal*, (August 31, 1961) the I.C.A. numbered 5,400 members in 1961.

⁵ Mills, Lawrence W., *Opportunities in Osteopathy*, New York: Vocational Guidance Manuals, Inc., 1960, p. 67.

⁶ *Canadian Chiropractic Association*, brief to the Royal Commission on Health Services, Toronto, May 1962, p. 2.

⁷ *Canadian Naturopathic Association*, Brief Respecting National Health Services to the Royal Commission on Health Services, Vancouver, January 1962, p. 17.

elements in common in the statements of their "purposes and objects". For example, the Federal Charter of the Canadian Chiropractic Association was established:

" (a) to promote and develop chiropractic as the philosophy, science and art of locating, correcting and adjusting the interference with nerve transmission and expression in the spinal column and other articulations without the use of drugs or surgery and to work in co-operation with all branches of the healing art in order to make the best provision for the benefits of chiropractic for the public;

(b) to promote scientific interest in the study of chiropractic amongst its members and to provide assistance and facilities for special studies and research into chiropractic;

(c) to edit and publish books, papers, journals and other forms of literature respecting chiropractic in order to disseminate information to members of the Corporation as well as to members of the public;

(d) to do such things as are incidental or conducive to the welfare of the public insofar as chiropractic may be relevant thereto;

(e) to assist in the attainment of the highest standards of training, professional competence, and qualifications on the part of its members; . . ."⁸

The purposes of national organizations are typically reflected in provincial-level organizations as well. For example, Article II of the Constitution of the Province of Quebec Osteopathic Association notes:

"The objects of the Association shall be to promote the continued development of the osteopathic school of practice;

By maintaining and elevating the standards of osteopathic education;

By stimulating and fostering research in the biological fields so intimate to the practice of osteopathy;

And by disseminating knowledge toward the continual improvement of the health care of the people".⁹

The extent to which these purposes have been fulfilled is examined in this chapter, though referred to here and there in other chapters of this study. Accordingly, such statements serve as a framework for viewing the organization and activities of professional associations.

⁸ Secretary of State of Canada, *Letters Patent of the Canadian Chiropractic Association*, Ottawa, December 10, 1953.

⁹ *Province of Quebec Osteopathic Association*, brief to the Royal Commission on Health Services, Montreal, April 1962, p. 1.

Structure

There are three organizational levels operative, in varying degree, in the three fields.¹⁰ There are the national, divisional (in some instances several provinces may be represented in a division) or provincial, and local organizations (sometimes called "district councils", "regional societies", or "branches"). The chiropractic profession appears to be the most integrated within Canada, in that the national organization is composed of divisions, which in turn are composed of local associations. It should be realized, however, that the lower levels of organization enjoy considerable autonomy in relationship to the next higher level of organization. This is true for the three fields. With osteopathy, the ties between provincial and national organizations are quite tenuous as these are formally tied to the American Osteopathic Association; at present the Canadian Osteopathic Association does not possess provincial societies, although their creation is now under study.¹¹

As time goes on, however, it would seem that there is a tendency toward increasing centralization of control functions and relations between the three health services at the national level. At the same time increasing emphasis is being placed upon the development of local organizations primarily for educational, membership recruitment and public relations purposes.

The official structure of the three national professional associations in all instances contains a "President" and "Vice-president" — the naturopaths having both First and Second Vice-presidents. The osteopaths list a "President-elect" and a "Past-president". The chiropractors have both an "Executive Secretary and Director of Public Relations", as well as a "General Secretary and Counsel". The naturopaths and osteopaths combine two functions in the position of "Secretary-Treasurer". The Canadian Osteopathic Association possesses an Executive Committee, composed of most of the above mentioned osteopath officers, and the chairman of the sub-committee on Public Clinics and the Committee on Public Relations. The executive committee for the Canadian Naturopathic Association consists of the President, the First Vice-president and the Second Vice-president.¹²

The three national professional organizations are also alike in that they have a board of directors (called a "Board of Trustees" by the naturopaths). These individuals are selected to provide widespread geographic representation for all

¹⁰ The Canadian Naturopathic Association is an affiliate of the International Society of Naturopathic Physicians, the parent body for all national naturopathic organizations, as well as individuals — including some Canadians. (Letter from the Archivist, Canadian Naturopathic Association, January 1963).

¹¹ A sub-committee on reorganization of the Canadian Osteopathic Associations was constituted in 1962 which will be examining this question. (Letter from the Secretary-Treasurer, Canadian Osteopathic Association, March 7, 1963).

¹² *By-Laws of the Canadian Naturopathic Association*, Section X, para. 1.

or most of the regions where there are practitioners. Ordinarily these directors are elected by the divisional organizations, and with the chiropractors the numbers of directors elected bear some relationship to the number of practising practitioners from a given jurisdiction.¹³ In 1963, there were nine directors for the Canadian Chiropractic Association, six trustees for the Canadian Naturopathic Association, and eight members of the Board of Directors of the Canadian Osteopathic Association.

Policy is made and administration undertaken by these directors for the national associations. Moreover, the national boards are assisted in these tasks by a number of standing committees, or other committees which they may devise as appropriate. There is a wide range of types of committees appointed and presumably operative.¹⁴ The various types of standing committees of the three national associations, shown in Table II-1, are indicative of the kinds of professional concerns which the several associations try to implement.

The naturopaths make use of indirect representation through a House of Delegates elected from the ranks of the profession. Ordinarily "No memorial resolution, opinion or statement of any character or statement of approval or disapproval or policy shall be issued in the name of this Association unless it has been approved by the House of Delegates," This body is responsible, along with the other agencies of the Association, for adopting rules and regulations, and is specifically charged with adopting a "Code of Ethics".¹⁵

The organizational structure of the divisions or provincial associations is not unlike that on the national level, except that, as with the chiropractors, usually one of the executive is a designated representative appointed to the national board of directors. Customarily these divisional organizations are governed by their own by-laws or constitutions, patterned after national counterparts. For example, the "By-Laws of the Alberta Association of Naturopathic Practitioners" notes that such by-laws are published pursuant to "... Section 4 of 'The Naturopathy Act' being Chapter 61 of the Statutes of Alberta 1952 and Chapter 77 of an Act to amend 'The Naturopathy Act' 1955".¹⁶ Provisions are outlined for affiliation with other professional bodies; reciprocity provisions; membership qualifications; dues; general meetings (there must be one per year whether there is an annual convention or not); an Examining Board of five members; officers (a President, First Vice-president, Second Vice-president here constitute the Executive); a Council (which transacts the affairs of the Association between annual meetings); an Editor; a Librarian and Historian; a Secretary-Treasurer (who has extensive responsibilities); standing rules and regulations.

¹³ Canadian Chiropractic Association, *op. cit.*, p. 3.

¹⁴ See also the active committee list in the Canadian Chiropractic Association, Ontario Division, brief submitted to the Royal Commission on Health Services, Toronto 1962, para. 73, which lists additional programmes and activities on the provincial level.

¹⁵ *By-laws of the Canadian Naturopathic Association*, Section XII, para. 3, and Section XIII, para's. 1 and 3.

¹⁶ *By-Laws of the Alberta Association of Naturopathic Practitioners*, June 19, 1955, p. 1.

TABLE II-1
STANDING COMMITTEES AND SUB-COMMITTEES
OF THE NATIONAL CHIROPRACTIC, NATUROPATHIC
AND OSTEOPATHIC ASSOCIATIONS, 1962-63

Types of Committees	Health Service		
	Canadian Chiropractic Association ¹	Canadian Naturopathic Association ²	Canadian Osteopathic Association ³
Advisory Board.....	X		
Campaign for Canadian Osteopathic Educational Trust Fund.....			X
Clinical Study.....			X
College		X	
Convention			X
Education ("Professional Education")	X	X	X
Ethics and Discipline	X		
Ethics and Censorship			X
Gifts and Endowments			X
Insurance	X	X	X
Legislation ("Provincial Affairs") ("Legal and Legislative")	X	X	X
Membership		X	X
Professional Affairs.....			X
Professional Opportunity.....			X
Programme Material			X
Publications ("Journal")		X	X
Public Affairs.....			X
Public Clinics.....			X
Public Health			X
Public Information			X
Public Relations	X		X
Reorganization			X
Roentgenology and Radiation.....	X		
Scientific Research	X		
Student Contact.....			X
Veterans' Affairs	X		X
Vocational Guidance			X

¹ *Canadian Chiropractic Association*, brief to The Royal Commission on Health Services, Toronto, May 1962, pp. 3 and 4.

² President, Canadian Naturopathic Association, "President's Report to the House of Delegates", Toronto, January 31, 1963.

³ Office of the Canadian Osteopathic Association, "Officer List, 1962-63".

It is with the Executive Committee, the Council, and the Departments of the Council (professional affairs, public affairs, professional-public relations), however, that much of the work of the provincial association is done. The Council

is concerned with rules and ethics; it has appointive powers for committee chairmanships, and is responsible for providing for the dissemination of technical and professional information. The Executive Committee is charged with the conduct of affairs of the Association between meetings of the Council, preparation of the budget, and the appointment of additional members. Business affairs and scientific activities are the responsibility of the Council and the Executive Committee; it is the committees under the three Departments of the Council where “the effective work and activities of this Association ... shall be carried out ...”¹⁷ Thus the provincial (or divisional) associations commonly embrace quasi-governmental functions as well as intra-professional affairs.¹⁸ The importance of the former functions should not be underestimated.

An indication of the extent of divisional organization may be gained by noting (Table II-2) that provincial professional associations are to be found in all the provinces of Canada except Prince Edward Island and Newfoundland. Chiropractic divisional associations are found in more of the provinces than is the case for the other two services.

TABLE II-2
DISTRIBUTION OF DIVISIONAL PROFESSIONAL
ORGANIZATIONS IN CANADA, FOR CHIROPRACTIC,
NATUROPATHY AND OSTEOPATHY

Division	Type of Association		
	Canadian Chiropractic Association ¹	Canadian Naturopathic Association ²	Canadian Osteopathic Association ³
Alberta	X	X	
British Columbia	X	X	X
Manitoba	X	X	X
New Brunswick	X		
Nova Scotia	X		
Ontario	X	X	X
Quebec	X	X	X
Saskatchewan	X	X	X

¹ Official Directory of the Canadian Chiropractic Association, *Journal of the Canadian Chiropractic Association*, August 1962.
² Letter from the President, Canadian Naturopathic Association, February 27, 1962; and from the President, The Saskatchewan Association of Naturopathic Practitioners, June 6, 1962.
³ Letter from the Secretary-Treasurer, Canadian Osteopathic Association, March 7, 1962.

As discussed earlier, in some instances these divisional associations have founded local professional societies. For example, in the instance of the Chiropractor’s Association of British Columbia: “The Association has established [SiX]

¹⁷ *Ibid.*, p. 18.
¹⁸ *Canadian Chiropractic Association, Alberta Division*, brief to the Royal Commission on Health Services, Toronto, May 1962, para. 23.

regional groups in each geographical area of the Province for the purpose of intra-professional liaison, organization, education and public service programs.”¹⁹ The Canadian Chiropractic Association, Alberta Division, maintains five branches in that province;²⁰ in Ontario there are eleven district councils.²¹

Membership

There are three classes of membership in the Canadian Chiropractic Association: “associate (regular) member”, “life member”, and “honorary member”.²² The naturopaths have the same membership categories for their members, except that the “associate” membership is for foreign residents.²³ The Canadian Osteopathic Association, on the other hand, has four classes: “member”, “life member”, “honorary life member”, and “associate member” -- the last mentioned applicable to persons not formally trained in the healing art.²⁴

Membership patterns in the various levels of professional organization differ considerably among the three health services. Neither the naturopaths nor the osteopaths require membership in their national associations, whereas the provincial legislation for chiropractic in British Columbia, Alberta, Saskatchewan and Manitoba requires membership in the Canadian Chiropractic Association (as well as the provincial association) as a condition of practice in those provinces.²⁵

It is understandable, then, that rates of membership also differ among the provinces (Table II-3). With chiropractic, for example, the rates vary between zero per cent in those provinces (Newfoundland and Prince Edward Island) which have no professional associations to 100 per cent in some of the provinces which have a compulsory membership regulation (British Columbia and Manitoba) or place a great deal of emphasis on national association membership, as in New Brunswick.²⁶ The 1961 chiropractic data (shown in Table II-3) also indicate that over one-half of the chiropractors in Canada belonged to the Canadian Chiropractic Association.²⁷

¹⁹ *Canadian Chiropractic Association, British Columbia Division*, brief to the Royal Commission on Health Services, Toronto, May 1962, para. 32.

²⁰ *Canadian Chiropractic Association, Alberta Division*, *op. cit.*, para. 23.

²¹ *Canadian Chiropractic Association, Ontario Division*, *op. cit.*, para. 81.

²² *By-Laws of the Canadian Chiropractic Association*, February 1956, para's. 5 and 6.

²³ *Canadian Naturopathic Association, Directory of Members*, February 1962, p. 1.

²⁴ *Canadian Osteopathic Association, Directory of the Canadian Osteopathic Association*, July 1962, pp. 7 and 17.

²⁵ See Appendix I of this study. “We in Ontario have been unable to establish with the government the idea that membership in the Association should be a requirement for a renewal of license to practise. We feel that this clause in the other Acts in Canada enables the profession to obtain greater support from its membership and that this makes for a greater degree of control and co-ordination all around. We would like to see this established in this province, but so far have been unable to convince the Department of Health. Such a regulation has been approved for the veterinarians in this province as mentioned earlier, but this was obtained through the Department of Agriculture, not through the Department of Health”. (Letter from the Executive Secretary of the Canadian Chiropractic Association, December 4, 1962).

²⁶ *Canadian Chiropractic Association, Maritime Division*, a brief to the Royal Commission on Health Services, Toronto, 1962, para. 43: “Although membership is voluntary all practitioners in the province since 1948 have joined the Association”.

²⁷ By way of comparison, in the United States less than one-half of the approximately 25,000 chiropractors belonged to either the National or the International Chiropractors Associations at the same time.

MEMBERSHIP OF CHIROPRACTORS, NATUROPATHS AND OSTEOPATHS
IN CANADIAN NATIONAL PROFESSIONAL ASSOCIATIONS, BY PROVINCE

Province	Health Service							
	Canadian Chiropractors (1961) ¹			Canadian Naturopaths (1962)			Canadian Osteopaths (1962) ⁷	
	C.C.A. Members ²	Total Chiros. ³	Membership Proportion	C.N.A. ⁵ Members	Total ⁶ Natuross.	Membership Proportion	Members	Total Osteos.
Alberta	67	121	% 55	7	18	% 39	0	3
British Columbia.	148	148	100	15	31	48	3	10
Manitoba ...	43	42	100 +	6	15	40	3	4
New Brunswick	14	14	100				2	2
Newfoundland		1	0					
Nova Scotia	10	20	50		2	0		3
Ontario	210	450	47	15	168	9	31	74
Prince Edward Island ...		1	0					
Quebec	71	240	30 ⁴	2	6	33	5	7
Saskatchewan	32	36	89	2	3	66	2	2
Canada ..	595	1,073	55 ⁴	47	243	19	46	105
								44

¹ These December 1961 data were used because this was the last year for which official data were available of number of chiropractors practising in each of the provinces. Source: *Canadian Chiropractic Association*, brief to the Royal Commission on Health Services, Toronto, May 1962.

² Letter from Executive Secretary, Canadian Chiropractic Association, January 1963.

³ *Canadian Chiropractic Association*, brief to the Royal Commission on Health Services, Toronto, May 1962, p. 10.

⁴ 1962 data show marked increases in the membership proportion for Alberta (increased to about seven-tenths) and Quebec (increased to about two-thirds) which increases the total Canadian Chiropractic Association membership proportion to about two-thirds of these practitioners.

⁵ Membership rosters provided by Secretary-Treasurer, Canadian Naturopathic Association, March 1963.

⁶ Rosters provided by Canadian Naturopathic Association, March 1962.

⁷ These 1962 data are nearly identical to the 1961 data. *Directory of the Canadian Osteopathic Association*, July 1962.

About one-fifth of the naturopaths belonged to the Canadian Naturopathic Association in 1962. Most of the provinces in which naturopaths were reported had from one-third to two-thirds membership in the C.N.A.; the exception which affected the entire Canadian picture was Ontario, where less than one-tenth were members.

As with the chiropractors, the proportions of 1962 membership by the osteopaths varied provincially from zero per cent to 100 per cent (Table II-3). In that year, somewhat less than one-half (44 per cent) of the Canadian osteopaths belonged to the Canadian Osteopathic Association. This degree of participation may be related to certain of the membership requirements of the Canadian Osteopathic Association. Article III of the *Canadian Osteopathic Association By-Laws* notes:

Section 2. An applicant for active membership in the Association shall be a graduate of a college of osteopathy recognized by the Canadian Osteopathic Association and shall be licensed to practice in the province from which he applies, provided there exists an official licensing body, and shall make application on the prescribed form with the endorsement of the member of the Board of Directors, representing that Province. The name of the applicant shall be published in such manner as may be determined by the Board of Directors. If no objection is received within thirty days of publication, the Secretary-Treasurer shall add the applicant's name to the roll of active members.

If objection is received within the prescribed time, the Board of Directors shall make full investigation and report at the next session of the Association at which time the name shall be balloted upon, and a two-thirds majority of those present shall be necessary to elect the applicant to membership.

Section 3. Applicants for membership practising in provinces where no licensing board for osteopathic physicians exists shall be holders of license to practise in some province, state, or country.

Section 6. An applicant for active membership in the Association who is a graduate of an unrecognized college, but who meets the requirements of Sections 2 and 3 in all other respects, shall make application in the prescribed form, which shall be dealt with in the manner of an application which has received objection.²⁸

While these membership requirements appear to be more stringent than those of the other national professional associations, the latter membership requirements could also serve to restrict the number of members.

The trend of membership affiliation with national professional associations since the time of their founding indicates a pattern of growth. For example, the chiropractors (Table II-4) had 273 members the first year of operation of the Canadian Chiropractic Association; 10 years later there were over two and one-half (2.7) times

²⁸ *Canadian Osteopathic Association By-Laws*, as amended November 1, 1955.

TABLE II-4
MEMBERSHIP TRENDS IN THE CANADIAN CHIROPRACTIC ASSOCIATION
1953-62, BY PROVINCE

Year	Provincial Membership Totals for Chiropractic								
	Alberta	B.C.	Manitoba	N.B.	N.S.	Ontario	Quebec	Sask.	Canada
1953.....	1	122	34	6	10	101			273 ⁴
1954.....		122	34	6	12	98			272 ⁴
1955.....		122	34	6	11	115			288 ⁴
1956.....		121	34	11	13	235			414 ⁴
1957.....		121	34	12	10	258	25 ³		460 ⁴
1958.....		122	38	16	15	229			420 ⁴
1959.....		134	41	16	15	204			410 ⁴
1960.....	62	138	41	13	15	211	65	31	576
1961.....	67	148	43	14	10	210	71	32	595
1962.....	93	146	43	14	10	242	159	33	740
Increase:.....	1.5	1.2	1.3	2.3	1.0 ²	2.4	6.4	1.1 Av.	2.7 ⁵

¹ No entry for a particular year indicates that no data were available.
² A value of 1.0 indicates that there was no net increase in the ten-year period from 1953 to 1962.
³ Estimate by Executive Secretary, Canadian Chiropractic Association.
⁴ These totals likely constitute under-estimations of C.C.A. membership for Canada, as they do not include data from several provinces.
⁵ This increase value likely constitutes an over-estimation of the actual as the original 1953 total is probably an under-estimation.
Source: Office of the Executive Secretary, Canadian Chiropractic Association, 1963.

that many members. Once again there was considerable interprovincial variation, with the most marked increase in Quebec where there is estimated to have been a sixfold increase in that many years. Both Ontario and New Brunswick more than doubled their totals, while at the other extreme, the situation appears to have been relatively stable in Nova Scotia and Saskatchewan (the former because all practitioners have always been members, the latter because few practitioners came to the province where membership is compulsory).

The naturopaths have increased their national association membership over three and one-half (3.6) times since 1951. It should be recognized (Table II-5) however, that since the federal charter was granted in 1955 the increase has not been that large; there have been yearly fluctuations in membership affiliation ranging between 19 and 47.

While the generalization holds that the membership in the Canadian Osteopathic Association was greater (Table II-6) in the most recent year reported than in the year of its founding over one-third of a century ago, the net increase since that time has been small. In the peak membership year of 1946, there were nearly twice as many C.O.A. members as there were in 1962 when there were 46.

Well over 500 persons are licensed resident chiropractors in Ontario. It is this very sizeable group of chiropractors who were examined (Table II-7) in terms of the trend of their participation over time in both the Canadian Chiropractic Association and its provincial counterpart, the Ontario Chiropractic Association. Over the past ten years, Ontario chiropractors are more likely to have belonged to the provincial association than to have belonged to the national association. (Of course, there were several years in the period from 1953 to 1962 when it was obligatory for a chiropractor to join the national association if he had joined the provincial association; thus the totals were identical or nearly identical in those years). Ontario chiropractor membership in the provincial association ranged between two-fifths and one-half of the group, while membership in the national association ranged between one-fifth and two-fifths, for the most part. Consequently, though the participation in the provincial association was usually larger, both absolutely and proportionately, the greater rate of increase in professional association membership was evidenced with the national association for this province and for this healing art.

Mention has been made of national, divisional and local associations. In addition practitioners also belong to specialty associations (e.g., dealing with roentgenology, cranial osteopathy) and to professional school alumni associations. Moreover,

TABLE II-5
MEMBERSHIP TRENDS IN THE CANADIAN NATUROPATHIC ASSOCIATION,
BY PROVINCE OR DIVISION, 1951-1962

Year	Provincial or Divisional Membership Totals for Naturopathy							
	Alberta	B.C.	Manitoba	Maritimes	Ontario	Quebec	Sask.	Canada
1951.....	6	4	1		1		1	13
1952.....	1	12	1		2	1		17
1953.....	1	3			1			5
1954.....			2		1	1		4
1955.....	15	10	5	2	7	2		41
1956.....	15	14	5	1	4	3	1	43
1957.....	7	10	2		2	2		23
1958.....	12	6	3		12	1	3	37
1959.....	4	7	1	2	3	1	1	19
1960.....	8	10	6	2	8	1	2	37
1961.....	6	11	8	1	12	2	2	42
1962.....	7	15	6		15	2	2	47
Increase: ¹	1.2	3.8	6.0	-2.0 ²	15.0	2.0	2.0	Av. 3.6

¹ A value of 1.0 would indicate that there had been no increase in the time period from first memberships in the C.N.A. (ordinarily 1951) to 1962.

² This value of +2.0 indicates there has been a twofold decrease since 1955.

Source: Archivist, Canadian Naturopathic Association.

TABLE II-6
MEMBERSHIP TRENDS IN THE CANADIAN OSTEOPATHIC ASSOCIATION,
BY PROVINCE OR DIVISION, 1951-1962

Year	Provincial or Divisional Membership Totals for Osteopathy						
	Alberta	B.C.	Manitoba	N.E.	Ontario	Quebec	Sask.
1926.....	4	5	2	1	21	6	1
1927-1941.....				C.O.A. INACTIVE			
1942.....	1	5	11	1	42	6	2
1943.....	1	3	10	1	39	7	2
1944.....	2	5	9	1	46	7	3
1945.....	2	6	8	1	46	7	3
1946.....	1	6	8	2	59	6	3
1947.....		5	6	2	58	7	3
1948.....		5	5	2	60	8	3
1949.....		4	5	2	54	8	3
1950.....		4	5	1	57	7	4
1951.....		4	5	1	55	7	3
1952.....		7	4	1	47	5	3
1953.....		7	5	1	48	6	2
1954.....		7	5	1	47	6	2
1955.....		7	3	2	34	6	2
1956.....		7	3	1	30	5	2
1957.....		7	3	1	37	5	2
1958.....		7	3	2	36	5	2
1959.....		5	3	2	33	4	2
1960.....		5	3	2	31	4	2
1961.....		4	3	2	30	5	2
1962.....		3	3	2	30	6	2
Increase.....	-4.0 ¹	0.6 ²	1.5	2.0	1.4	1.0 ³	2.0
							Av. 1.2

¹ This value of -4.0 indicates there has been a fourfold decrease since 1926.

² This value of 0.6 indicates there has been a decrease since 1926.

³ A value of 1.0 indicates that there has been no increase in the time period from first memberships in the C.O.A. in 1926 to 1962.

Source: Secretary-Treasurer, Canadian Osteopathic Association.

TABLE II-7
RELATIONSHIP BETWEEN TRENDS IN THE NUMBER OF LICENSED ONTARIO RESIDENT
CHIROPRACTORS AND MEMBERSHIP IN THE CANADIAN CHIROPRACTIC ASSOCIATION
OR THE ONTARIO CHIROPRACTIC ASSOCIATION, 1953 TO 1962

	Year									
	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Estimated number of licensed Ontario resident Chiropractors ¹	541	539	548	540	539	544	553	568	576	564
Number of Canadian Chiropractic Association members from Ontario.....	101	98	115 ²	235 ³	258 ³	229 ³	204	211	210	242
Proportion of licensed Ontario resident Chiropractors who are C.C.A. members	19%	18%	21%	44%	48%	42%	37%	37%	36%	43%
Number of Ontario Chiropractic Association members ...	225	233	264 ²	291 ³	258 ³	229 ³	208	227	234	270
Proportion of licensed Ontario resident Chiropractors who are O.C.A. members.....	41%	43%	48%	54%	48%	42%	38%	40%	41%	48%

¹ Actual numbers were unavailable for 1961 and 1962; the same fraction (about nine-tenths of all persons holding Ontario licenses) was used in estimating the number of Ontario resident chiropractors.

² "In 1954 or '55 membership in Ontario was made to include membership in C.C.A., hence the improvement in C.C.A. membership after 1955 — except that associate (regular) members are not required to join C.C.A." (Letter from Executive Secretary, Canadian Chiropractic Association, January 1963.)

³ "Associate (i.e., regular) members in Ontario do not need to pay dues to C.C.A., hence the difference in figures for 1959-1962 between O.C.A. and C.C.A. members," (Letter from Executive Secretary, C.C.A., January 1963.)

Source: Executive Secretary, Canadian Chiropractic Association.

it was noted earlier that practitioners sometimes maintain memberships in professional associations outside Canada. The Royal Commission on Health Services questionnaire survey of active practitioners requested listing all such organizations to which they belonged.²⁹ When all the various kinds of professional associations are counted, practitioners most commonly belonged to two or three professional associations (Table II-8), but a number belonged to more than that. About one-fifth of both the chiropractors and naturopaths indicated membership in four or more professional associations, but nearly twice that proportion of osteopaths were affiliated with this larger number of professional organizations. A small minority reported having no professional affiliations whatsoever; the naturopaths were least likely to be in this category.

TABLE II-8
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
ACCORDING TO THE NUMBER OF PROFESSIONAL
ASSOCIATION MEMBERSHIPS THEY REPORTED

Number of Professional Association Memberships	Health Service				
	Chiro.	Naturo.	Osteo.	C-N ¹	Total
	%	%	%	%	%
No professional affiliation of any kind ²	12	3	14	17	11
One membership	12	25	14	11	13
Two memberships	28	32	14	28	27
Three memberships	28	18	22	14	26
Four memberships	13	14	18	19	14
Five memberships	6	4	10	8	6
Six memberships	2		4	3	2
Seven memberships	*	1	7		1
Eight memberships	*	1			*
Nine or more professional association memberships		1			*
Total percentage	101 ³	99	102	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ "C-N" signifies chiropractor-naturopaths, an abbreviation used throughout this study.

² Including "no response".

³ Percentages do not total 100 because of rounding.

* Indicates a frequency of less than .5 per cent.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

²⁹ See Part A of Appendix II for the complete self-administered questionnaire used in the nation-wide survey of these health services. Details of the survey are described in Chapter III.

What are the specific types of professional associations in which the surveyed practitioners were members? The osteopaths were most likely to have membership in international associations (especially the American Osteopathic Association); well over one-half of these practitioners listed such organizations (Table II-9).

TABLE II-9
PERCENTAGE DISTRIBUTION OF PRACTITIONER MEMBERSHIPS
IN INTERNATIONAL, NATIONAL (CANADIAN) AND DIVISIONAL
(OR PROVINCIAL) PROFESSIONAL ASSOCIATIONS

Type of Professional Association Membership	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
International, national and provincial memberships	18	19	41	28	20
International and national memberships	1	3	4	6	1
International and provincial memberships	3	6	8	3	3
National and provincial memberships	51	36	10	25	46
International membership only ...	2	4	3	6	2
National (Canadian) membership only	2	6		3	2
Provincial membership only	10	19	18	8	11
No membership in international, national or provincial associations	3		4	6	3
	3		4	6	3
No professional association membership of any kind reported	12	7	14	17	12
Total percentage ¹	102	100	102	102	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

The osteopaths were most inclined to simultaneous memberships in three levels of organization: international, national and provincial professional associations. It was most common for the chiropractors and naturopaths to have a combination of national and divisional association memberships.

At the other extreme, few practitioners of any kind belonged solely to their national association, or solely to an international association. But it was not so uncommon for practitioners to belong solely to their divisional (or provincial) association. About one-fifth of the naturopaths and osteopaths recorded such a membership status.

Local organization evidently has increased most noticeably among the chiropractors and not at all among the naturopaths (Table II-10). Nearly one-quarter of the chiropractors indicated membership in local professional associations, and about that many are affiliated with specialty organizations, notably the Canadian Council of Chiropractic Roentgenology. Approximately the same proportion of the naturopaths were members of specialty organizations, especially chiropractic associations, but an even greater proportion (about one-third) of the osteopaths described specialty organizations, such as the Academy of Applied Osteopathy and the Cranial Academy. Apparently professional school alumni association memberships are of noteworthy interest only to the chiropractors. It was the naturopaths and chiropractor-naturopaths who were least likely to mention either local, or specialty, or alumni association affiliations.

TABLE II-10
PERCENTAGE DISTRIBUTION OF PRACTITIONER MEMBERSHIPS
IN LOCAL, SPECIALTY, AND PROFESSIONAL
SCHOOL ALUMNI ASSOCIATIONS

Type of Professional Association Membership	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Local, specialty, and alumni association memberships	3				2
Local and specialty association memberships	7		1		6
Local and alumni association memberships	1				1
Specialty and alumni association memberships	3		5		3
Local association membership only	12			6	10
Specialty association membership only	14	24	26	8	15
Alumni association membership only	5	3	3		4
No membership in local, specialty or alumni associations	45	71	51	70	48
No professional association membership of any kind reported	12	3	14	17	11
Total percentage ¹	102	101	100	101	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total 100 because of rounding.

Financial Arrangements

When asked why all chiropractors were not affiliated with the Canadian Chiropractic Association, one of the members of the national executive noted "attitudes of independence" and the "cost of membership". It is the latter which leads to consideration of another aspect of Canadian professional association affairs.

As is customary with professional associations, the activities of chiropractic, naturopathic and osteopathic associations are supported by annual dues. These vary both in amount and whether they are compulsory for the right to practise in a particular province. Annual dues in the Canadian Chiropractic Association, for example, are \$35, and are compulsory for practice in the four western provinces; provincial dues (e.g., approximately \$95 – including licence renewal and malpractice insurance – in British Columbia) are obligatory for practice in these four provinces and New Brunswick.³⁰ This is because these provincial organizations perform many of the practice control functions, as is typical with health services professional associations.

The situation with Ontario chiropractic is different. According to the Executive Secretary of the Canadian Chiropractic Association:

"In Ontario we have the only licensed province in Canada where membership in the Association is not a requirement in order to obtain the right to practise. Our licensing fee is paid to a Board of Directors of Chiropractic composed of five chiropractors appointed by the Minister of Health. The renewal fee each year is twenty dollars and can only be used by this Board in the administration of the Act,...Membership in the Ontario Association is voluntary, ... Our active members, however, are required to join both the C.C.A. [Canadian Chiropractic Association] and C.M.C.C. [Canadian Memorial Chiropractic College] Association when they become members of the Ontario division, so that we can collect from them one hundred dollars, thirty-five of which goes to the C.C.A., twenty dollars to the College and forty-five dollars remaining in Ontario. In addition to this, of course, the member must renew his license which costs him twenty dollars per year and he must also pay his own malpractice insurance premium,..."³¹

Neither the Canadian Naturopathic Association nor the Canadian Osteopathic Association have a dual membership requirement whereby the right to practise entails membership in both the national as well as a provincial or divisional association.³² In 1962, annual dues in the Canadian Naturopathic Association were \$30,³³ and \$50 in the Canadian Osteopathic Association.³⁴

³⁰ Letter from the President, Canadian Chiropractic Association, December 6, 1962.

³¹ Letter from the Executive Secretary, Canadian Chiropractic Association, December 4, 1962. Also the Canadian Chiropractic Association, Ontario Division, *op. cit.*, para. 78.

³² Letter from the Secretary-Treasurer, Canadian Naturopathic Association, December 3, 1962; and personal communication from the Secretary-Treasurer, Canadian Osteopathic Association, December 5, 1962.

³³ *By-Laws of the Canadian Naturopathic Association*, Section IV, para. 1.

³⁴ Letter from the Secretary-Treasurer, Canadian Osteopathic Association, March 7, 1963.

Professional Meetings

Meetings of the professional associations differ in frequency of occurrence, duration, and agenda. It is fairly obvious that the so-called "local" associations – "district councils", "branches", "regional societies" – are in a better position to meet several times per year, and in fact some meet monthly. The provincial associations (e.g., Nova Scotia Chiropractors' Association and the Chiropractors' Association of Saskatchewan) may meet annually, or sometimes twice per year as with the New Brunswick Chiropractic Association. The duration of professional meetings ordinarily ranges between one and five days.³⁵ The duration of professional gatherings is related to the size of a particular association. In Ontario, for example, the numbers of chiropractors make necessary a three-day session:

The Ontario Chiropractic Association presents an annual 3-day convention and clinical conference... During the convention, the business of the Association is transacted, reports from its various committees are discussed, and free discussion of professional matters is encouraged.³⁶

Ordinarily, however, provincial or divisional association meetings for chiropractors last two days.

The agenda of the meetings encompass both affairs of the profession as well as diagnostic and therapeutic techniques. For example, a meeting of the Nova Scotia Chiropractors' Association involved a lecture on "steady state theory" and "other educational presentations included one of the latest diagnostic X-ray procedures of postural analysis, embracing current research in movie-X-ray of the functioning skeleton. Another seminar dealt with chiropractic management of certain complex syndromes".³⁷ An election of officers for the association was held, and committees on legislation, public relations, education, membership, ethics and research were appointed.

The three-day "convention and educational symposium" of the Canadian Naturopathic Association held in May 1962, included the following: "Naturopathy Defined"; a lecture on clinical neurology; "Clinical Heart Problems and Their Management"; "individual association annual meetings – B.C., Washington, Oregon Ladies Auxiliary..."; "Physiological Medicine"; "Laboratory Tests, Interpretation and Techniques"; "Royal Commission Report and panel discussion"; "Report on Naturopathic Colleges"; "Fractures and Dislocations"; "CNA [Canadian Naturopathic Association], NANP [National Association of Naturopathic Physicians – United-States] Individual Meetings"; "Radiation and You"; "Biochemistry"; and the "National College of Naturopathic Medicine's Post-convention Seminar".³⁸

³⁵ For example, the European Chiropractic Union met in Geneva for a period of five days during July 1962, and on the local level, the York-Peel Chiropractic Council held a one-day seminar in November 1961. (*The Journal of the Canadian Chiropractic Association*, Vol. 5, No. 5, December-January 1961-62, p. 18 and p. 20.)

³⁶ *The Canadian Chiropractic Association, Ontario Division*, op. cit., para. 71.

³⁷ *Journal of the Canadian Chiropractic Association*, Vol. 5, No. 5, December-January 1961-62, p. 17.

³⁸ Programme of the Northwest Naturopathic Physicians International Convention and Educational Symposium, Skyline Hotel, Vancouver, British Columbia, May 10-12, 1962.

The 1962 business meeting of the Canadian Chiropractic Association lasted for six days, and was actually in session for 58½ hours during that time, the major topic of discussion being the brief of the Canadian Chiropractic Association to the Royal Commission on Health Services. According to the President of that Association:³⁹

...in addition, we also dealt with plans and programs pertaining to the following: education and national examinations; finances; C.C.A. membership; Canadian Chiropractic Journal; chiropractic recognition by insurance companies; student guidance and recruitment for C.M.C.C.; increased membership in the C.M.C.C. Association; duty on chiropractic equipment; chiropractic care for pension recipients; chiropractic recognition in federal civil servants health plan; group insurance plans for C.C.A. members; C.C.A. Code of Ethics; Canadian Council of Chiropractic Roentgenology and X-radiation survey; public relations including T.V. films and posture week; C.C.A. honour memberships; Junior Chiropractic Association at C.M.C.C.; research; veterans affairs; committee appointments; election of officers for 1962; C.C.A. By-law amendments...

The annual national convention of the Canadian Osteopathic Association sets aside two days for a "professional program". In 1962 the program was devoted to lectures on: "The Dynamics of Mental and Physical Health"; "Wellness Throughout the Life Cycle"; "Community Organization for Wellbeing of People and Families"; "Research Report: Silent Neural Precursors to Disease"; "Research Report: The Segmental Nervous System as Organizer of Disease Processes"; "The Osteopathic Contribution to High-Level Wellness"; "Endocrinology and Its Effect on Protein Assimilation"; "Protein Digestion and Assimilation"; "Case Histories Demonstrating Modern Laboratory Reports on Arthritis, Fibrocystitis, Hypertension, etc., and Patient Response to Protein Management and Its Enhancement of Osteopathic Management". These lectures were provided by three guest speakers – an osteopath, a former public health official trained in medicine, and a basic research scientist from an osteopathic college.⁴⁰

How often do practitioners attend professional meetings? (Table II-11). A majority of respondents to the Royal Commission survey reported they attended national meetings at least once per year – the osteopaths indicated most frequent attendance – and few practitioners said they never attend national professional association meetings. According to briefs submitted by divisional associations of the Canadian Chiropractic Association, an average of 7.8 days per practitioner per year were spent by British Columbia chiropractors "on post-graduate courses and conventions",⁴¹ while "Alberta Chiropractic Association members spend an average of six days per year attending chiropractic conventions, featuring prominent lecturers on chiropractic subjects".⁴²

³⁹ Letter from the President, Canadian Chiropractic Association, December 12, 1962.

⁴⁰ *Canadian D.O.*, Vol. 2, No. 2, June 1962, pp. 12-13.

⁴¹ *Canadian Chiropractic Association, British Columbia Division, op. cit.*, para. 27.

⁴² *Canadian Chiropractic Association, Alberta Division, op. cit.*, para. 14.

A similar survey taken by the Chiropractors' Association of Saskatchewan late in 1960 showed that their practitioners devoted an average of five days each year "to conventions".⁴³ "Each chiropractor in Manitoba averages 3½ days on post-graduate study and conventions annually".⁴⁴ In New Brunswick, the "average number of days spent on conventions and post-graduate courses was reported to be 6.9 according to a survey carried out in 1961".⁴⁵ "Convention attendance" for chiropractors in Nova Scotia for that same year was said to be "6 days per practitioner".⁴⁶

TABLE II-11
PERCENTAGE DISTRIBUTION OF PRACTITIONERS ACCORDING TO
FREQUENCY OF ATTENDANCE AT NATIONAL PROFESSIONAL
ASSOCIATION MEETINGS AND CONVENTIONS

Frequency of Attendance at Professional Meetings	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
More than once per year	32	32	37	28	32
About once per year	34	31	23	22	33
Every few years	18	21	16	28	11
Very rarely attend	10	10	16	11	11
Never attend	4	6	8	8	5
No response	2	1		3	2
Total percentage ¹	100	101	100	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of
chiropractors, naturopaths and osteopaths, 1962.

From these data it is somewhat difficult to arrive at a very clear idea of time devoted exclusively to either of the two major functions of such meetings – the imparting of new knowledge about the healing art (or the refreshing of earlier knowledge), along with the conduct of the affairs of the profession. Perhaps some further understanding of the educational and research functions of the professional associations may be gained from an examination of events which have been devised largely for such purposes.

⁴³ Canadian Chiropractic Association, Saskatchewan Division, op. cit., para. 13.
⁴⁴ Canadian Chiropractic Association, Manitoba Division, op. cit., para. 22.
⁴⁵ Canadian Chiropractic Association, Maritime Division, op. cit., para. 18.
⁴⁶ Ibid., para. 45.

Educational and Research Sponsorship Functions

The role of professional organizations in education is recognized in a number of ways. On the provincial level, for example:

"The Ontario Osteopathic Association was the first divisional society to co-sponsor with the Academy of Applied Osteopathy one of its postgraduate seminars as the professional program for an annual convention.

Four half-day sessions were filled with the presentation. The team of three lecturers gave a detailed review of the endocrine, nervous and lymphatic systems. A study of the role of these systems, along with the musculoskeletal system in the adaptation of the body to stress was carefully developed. Hans Selye's concept of the G-A-S (General Adaptation Syndrome) was explored... The work of Laborit (Stress and Cellular Function) and others was given careful attention...."⁴⁷

Explicit mention is made of these efforts in most briefs submitted to the Royal Commission, as for example in Alberta where the chiropractic association noted: "...educational seminars are held which, in effect, operate as refresher courses;"⁴⁸ similarly with the chiropractors in Ontario, "...the Association sponsors seminars and other timely educational studies."⁴⁹ Then there is the compulsory membership in the Canadian Memorial Chiropractic College Association as requirement for practice in the four western provinces; this \$20 annual fee was instituted by these associations to support professional training. But one of the more interesting developments with the chiropractic profession is that of the Canadian Council of Chiropractic Roentgenology.

Because the X-ray is such an important diagnostic technique in chiropractic, the Canadian Council of Chiropractic Roentgenology developed an organization affiliated as a "council" with the Canadian Chiropractic Association.⁵⁰ The organization, originally formed in 1951, has a national executive and divisions in the Maritimes, Ontario, Saskatchewan, Alberta and British Columbia, each of which also has divisional executives. The C.C.C.R. organization has grown both geographically and numerically (Table II-12) from a purely Ontario organization with 68 members in the early years to what was essentially a nation-wide organization of 286 members in 1962. Thus in that year this more than fourfold growth in a decade found one-fourth of the nation's chiropractors in the Canadian Council of Chiropractic Roentgenology.⁵¹ In the words of one of its officials: "It is obvious that the past ten years have been most encouraging to the founders of the Council,

⁴⁷ *Canadian D.O.*, Vol. 2, No. 2, p. 1. There are also specially constituted associations among the osteopaths such as the Southern Ontario Cranial Study Group.

⁴⁸ *Canadian Chiropractic Association, Alberta Division*, op. cit., para. 14.

⁴⁹ *Canadian Chiropractic Association, Ontario Division*, op. cit., para. 72.

⁵⁰ West, Stephen E., "CCCR News Now to Appear Regularly in this Journal", *The Journal of the Canadian Chiropractic Association*; Vol. 5, No. 3, p. 8.

⁵¹ Letter from the Vice-President, Canadian Council of Chiropractic Roentgenology, August 24, 1962.

TABLE II-12
MEMBERSHIP IN THE CANADIAN COUNCIL OF
CHIROPRACTIC ROENTGENOLOGY, BY PROVINCE

Year	C. C. C. R. Divisional Membership						
	Alberta	B. C.	Manitoba	Maritimes	Ontario	Sask.	Canada
1952					68		68
1953					79		79
1954					58		58
1955					116		116
1956		29			152		181
1957		33			191		224
1958		44			177		221
1959	6	41		9	170		226
1960	33	26		9	174	7	249
1961	24	44		10	200	13	291
1962	26	42	20	17	170	11	286

Source: Vice President, Canadian Council of Chiropractic Roentgenology.

and the increasing membership and national influence indicate the interest in X-radiation, its uses and its dangers by the chiropractic profession.”⁵²

The general purpose of promoting the scope of roentgenology for Canadian chiropractors is specified in the Constitution of the Council:

“To facilitate the exchange of information and ideas on matters affecting the science and practice of roentgenology and allied subjects.

“To print, publish, sell and distribute works, reports, bulletins and journals on roentgenology or its application.

“To promote and provide for the carrying out of research and experimental work in connection with roentgenology and allied subjects, to make, institute and establish grants or awards in connection therewith”.⁵³

To promote these aims, the C.C.C.R. sponsors an annual three-day educational symposium. In 1962 the eleventh such symposium of the Ontario Division considered: “Fractures and Anomalies of the Spine”; “Posterior Gravity Line Research”; “Analysis and Placement of Cervical Spine”; “Dr. Illi’s Research and Practical Application”; “Practice Prestige”; and “Skeletal Anomalies”.⁵⁴ Moreover, the C.C.C.R. has in the past worked in co-operation with the Canadian Memorial Chiropractic College to sponsor post-graduate seminars at the College.⁵⁵

⁵² *Ibid.*

⁵³ Canadian Council of Chiropractic Roentgenology, “Constitution”; Article 2, para. 3, 4, and 5.

⁵⁴ Programme of the Eleventh Annual Educational Symposium C.C.C.R. Ontario Division, Gravenhurst, Ontario, June 21-23, 1962.

⁵⁵ Personal interview, Past President, Canadian Council of Chiropractic Roentgenology, Toronto, July 1962.

The C.C.C.R. is also dedicated to the encouragement and financial support of research in areas related to roentgenology. This financial support is achieved through the agency of the Supply Department which provides radiological and other types of equipment to chiropractors at a discount and the "profit" from this operation goes toward the subsidization of research and educational projects. As one official in the C.C.C.R. stated: "Not only do you get your [equipment] needs at a competitive price, but the profits to be gained... are the greatest potential source of revenue for research purposes in the profession today".⁵⁶ Some of these research funds have been utilized by research personnel at the Canadian Memorial Chiropractic College.⁵⁷

Informational Functions

A further dimension in the activities of these Canadian professional associations concerns the direct or indirect sponsorship or participation in the dissemination of information through various publications. These activities range from the publication of a Canadian professional journal to the submission of contributions from Canadian practitioners to journals published in the United States; from provincial association bulletins to the testimonial pamphlets issued by some clinics.

In 1934 the first issue of *The Canadian Chiropractic Journal* stated:

"No profession has ever been able to exist without a literature of its own, and without some publication whereby all the important and practical developments of the day can be brought before its members. The Chiropractic profession in Canada has, until the present time, been content to lean rather heavily on the shoulders of the American brother for its professional reading matter, so with this thought in mind,... it has been decided to enter the Chiropractic lists with an all-Canadian publication to be called 'The Canadian Chiropractic Journal'".⁵⁸

While this journal was not the official publication of any chiropractic organization, it was the hope of the editor that it might become the unofficial information medium for chiropractic in Canada. This first issue contained as articles in its 16 pages: "Ethics"; "Chiropractic Science and Art"; "Accredited Colleges Will Make for Greater Progress"; "Allowed Appeals and Fines Imposed on Chiropractors"; "The American Chiropractic Journal"; "Urinalysis"; "Case Records"; "Editorial"; "Personal Glimpses"; "An Indictment"; "A Letter to the Editor"; and "Chiropractic Truths".

⁵⁶ West, Stephen E., *op. cit.*, p. 16.

⁵⁷ Personal interview, Registrar, Canadian Memorial Chiropractic College, Toronto, July 1962.

⁵⁸ Sturdy, Walter, "Editorial", *The Canadian Chiropractic Journal*, Vol. 1, No. 1, February 1934, p. 8.

The ultimate successor to *The Canadian Chiropractic Journal* began publication more than two decades later and was the official journal of the national chiropractic professional organization. Published bi-monthly, *The Journal of the Canadian Chiropractic Association*, as it is now called, represents an amalgamation of the *Canadian Memorial Chiropractic College Quarterly*, *The Bulletin of the Ontario Chiropractic Association*, *The Bulletin of the Canadian Chiropractic Association*, and *The C.M.C.C. Alumni Bulletin* in the year 1957, along with the *Bulletin of the Canadian Council of Chiropractic Roentgenology* in 1961.

The Journal of the Canadian Chiropractic Association receives substantial subsidization from the Association inasmuch as "Our profession does not utilize a sufficient quantity of supplies from commercial firms that we can anticipate a great amount of advertising revenue",⁵⁹ and inasmuch as the *Journal* is circulated gratis to all known chiropractors in Canada irrespective of Canadian Chiropractic Association membership.

Because the publications of several groups were incorporated in the *Journal*, sections of each issue are devoted to the Canadian Memorial College, provincial divisions and the Councils of the Association. A representative issue of the *Journal* included articles on the findings of a Royal Commission in Australia dealing with legislation and education for chiropractors in the State of Western Australia, "'Chiropractors Climb' Says Wall Street Journal"; "Insurance Abuse Condemned"; "ICA [International Chiropractors Association] - NCA [National Chiropractic Association] Executive Officers Meet"; "Chiropractic Research"; "Psychotherapy in Chiropractic"; "Provincial Division News"; "Chiropractic in Industry"; etc.⁶⁰ It may be seen from this listing of titles that the contents of *The Journal of the Canadian Chiropractic Association* contains information bearing upon both professional matters and the performance of the healing art.

The Canadian Naturopathic Association began publication of *The Canadian Journal of Naturopathic Medicine* in 1965. Included among the articles in the first issue were: "Editorial Comment"; "Naturopathy Defined in Canada"; "Vis Mediatrix Naturae"; "A Case of Hysterical Paralysis Cured by Hypnotism"; "Vital Health Factors"; "Pulsed Short-Wave"; "Botanical Nervines"; "Code of Ethics of the Canadian Naturopathic Association"; and "General Rules of Conduct".⁶¹ *The Canadian Journal of Naturopathic Medicine* issued quarterly, was initially comprised of 32 pages. The Canadian Naturopathic Association began publishing another quarterly called *Reflections*, a "public relations periodical", in 1963.⁶²

The osteopaths in Canada do not publish a journal, as there were several standard technical journals published in the United States available for subscription. The newsletter of the profession published by the Canadian Osteopathic

⁵⁹ Letter from the Editor, *The Journal of the Canadian Chiropractic Association*, December 10, 1962.

⁶⁰ *The Journal of the Canadian Chiropractic Association*, Vol. 5, No. 5, December-January, 1961-1962.

⁶¹ *The Canadian Journal of Naturopathic Medicine*, Vol. 1, No. 1, February 1965.

⁶² *Ibid*,

Association since 1961 – called the Canadian D.O. – provides a comprehensive coverage of events of interest to the profession. This 24-page publication, issued quarterly, ordinarily contains detailed descriptions of the programmes of professional meetings, the decisions of professional bodies, announcements of scholarships available, significant events involving osteopathy in the United States, the activities of lay groups supporting various educational and research efforts of the profession (i.e., the C.O.E.T.F. and the C.O.A.S. discussed elsewhere), Canadian Osteopathic Association Auxiliary activities, an editorial, technical book reviews, and letters from Association members.

Publications from provincial-level professional organizations have been forthcoming from time to time since the Alberta osteopaths introduced theirs during the first decade of this century. Volume 1, Number 1, of *The British Columbia Chiropractor* dates from 1933, and it contained eight pages; its modern successor, *The Bulletin of the Chiropractors' Association of British Columbia*, now provides over 20 pages of announcements of professional meetings, feature articles on such subjects as the relationship of British Columbia's chiropractors to the Workmen's Compensation Board, coverage of chiropractic services under group health insurance schemes, "Student Enrollment at C.M.C.C."; "Regulations for Chiropractic Signs"; activities of the British Columbia Division of the Canadian Council of Chiropractic Roentgenology, and related matters on radiology; "Use of the Plumb-line in Vertical Analysis"; "Electric Abnormalities and Whiplash Injury"; information on the Association's credit union; and letters to the editor.⁶³ Within naturopathy, the Ontario Naturopathic Association publishes a monthly newsletter.⁶⁴

Protective and Mutual Assistance Functions

Professional associations in the healing arts may act as an intermediary agency in the provision of insurance protection to their members, including such services as accident and health insurance, malpractice protection, and group life insurance.⁶⁵

The Canadian Chiropractic Association has not as yet made such services available to members of the organization, but an insurance committee of that Association is working on a survey to determine the extent of practitioner interest preliminary to an arrangement with some private insurance company.⁶⁶ The advantages of this mutual protection feature are evident, as insurance companies are in a position to extend more comprehensive coverage at less cost the more persons there are in a group insuring with them. This has been recognized for some time by some provincial professional associations, and they extend insurance arrangements to their members – again, through private insurance companies.⁶⁷

⁶³ Similarly, *L'Action Chiropratique* published with the approval of the Collège des Chiropraticiens de la Province de Québec, is a four-page French language organ of chiropractic information and education which began publication in 1961.

⁶⁴ More than a decade ago there was an *Alberta Drugless Journal* published in that province. (Programme of the Alberta Naturopathic Association, 1949).

⁶⁵ *International Review of Chiropractic*, Vol. 13, No. 1, July 1958, p. 26.

⁶⁶ Personal interview, Executive Secretary, *Canadian Chiropractic Association*, Toronto, July 1962.

⁶⁷ Letter from the Executive Secretary, *Canadian Chiropractic Association*, December 4, 1962.

Another aspect of mutual assistance within chiropractic in Canada involves the development of credit unions in several of the provinces, established primarily to assist practitioners just opening a practice, particularly new graduates. For example it was recently reported in British Columbia that:

...all of our money is working for us and out on loan. We can use more, as many successfully established chiropractors are finding it far more profitable and convenient to secure loans through the Credit Union. The interest rates and terms of payment are not to be equalled from any other source.⁶⁸

This organization has operated for several years. In a like manner, the Ontario Chiropractic Association sponsors the Ontario Chiropractic Credit Union.⁶⁹

Professional Ethics and the Patient

Ethical standards are customarily an integral part of any profession. The extent to which ethics are formulated, disseminated, and practised within a group has fundamental implications for relationships between practitioners and patients, among practitioners in their own and other fields, and with the government. Consequently, an exploration of ethical codes provides a useful framework for viewing certain topics yet to be discussed in this chapter, and should be helpful in the interpretation of research findings presented in subsequent chapters. All three of the national professional associations have prepared formal ethical statements, but because the osteopathic profession in Canada has the most comprehensive and detailed code of ethics, it is used here as the comparative model for the ensuing discussion.

The "Code of Ethics of the Canadian Osteopathic Association", a document in excess of 4,400 words, was most recently revised in 1960.⁷⁰ (The national naturopathic code was adopted in the same year, revised in 1964, and is about 3,500 words long; the chiropractic code is about 1,000 words long.) It is divided into "chapters", "articles", and "sections". The first chapter of the osteopathic code discusses "Duties of Physicians to Their Patients". Similarly, Part I of the "Code of Ethics" of the Canadian Chiropractic Association is devoted to the "Patient Relationship", and the "Code of Ethics" of the Canadian Naturopathic Association also first deals with "Reciprocal Duties and Obligations of Naturopathic Physicians and Their Patients" in Part 1.

Reviewing these provisions briefly, quoting here and there from those sections which appear to bear most directly on the care provided for patients, the first section of Chapter I of the "Code of Ethics of the Canadian Osteopathic

⁶⁸ "Know Your Credit Union", *The Bulletin of the Chiropractors' Association of British Columbia*, April 1962, p. 16.

⁶⁹ "Provincial News", *The Journal of the Canadian Chiropractic Association*, Vol. 5, No. 3, August 1961, p. 15.

⁷⁰ This is approximately the same length as the "Code of Ethics" of The Canadian Medical Association, 1961; the "Code of Ethics" of the Canadian Dental Association, as approved in 1959, is about 3,200 words in length.

Association” states: “The physician should hold himself in constant readiness to respond to the calls of the sick....” Essentially the same statement may be found in Part 1, Art. I, Section 3, of the “Code of Ethics” of the Canadian Naturopathic Association. Section 2 notes that “...he should possess the patient’s respect and confidence”, a point also included in the naturopathic code (Part. 1, Art. I, Sec. 3); “The patient should be made to feel that he has, in his physician, a friend who will guard his secrets with scrupulous honor and fidelity” – something also mentioned in the chiropractic code (Part I, Sec. 6) and the naturopathic code (Part 1, Art. I, Sec. 3). According to Section 3, “The physician should visit his patient as often as may be necessary....”, but no more than necessary. This is also found in Part 1, Art. I, Sec. 4 of the naturopathic code. Section 4 warns that “The physician should not give expression to gloomy forebodings.... But the physician should not fail on proper occasions to give timely notice of dangerous manifestations....” – which is paralleled in the chiropractic code (Part I, Sec. 2) and the naturopathic code (Part 1, Art. I, Sec. 5). The osteopath is admonished that “He is not justified in abandoning a case merely because he supposes it incurable” (Sec. 5), as is the chiropractor (Part I, Sec. 4) and the naturopath (Part 1, Art. I, Sec. 8). However, the osteopathic “...physician may ... decline longer to attend a patient when self-respect or dignity seems to require.....” (Sec. 6), which also applies to the Canadian Chiropractor (Part I, Sec. 4) and the Canadian naturopath (Part 1, Art. I, Sec. 9). Finally, Section 7 of Chapter I of the osteopathic code takes note in some detail that “The physician is sometimes called to assist in practices of questionable propriety, To all such propositions the physician should present an inflexible opposition.” This is discussed in Part 1, Art. I, Sec. 11 of the naturopathic code, and the substance of this matter is the same as that covered briefly in Section 7, Part I, of the chiropractic “Code of Ethics”.

Chapter II of the osteopathic statement of ethical principles is devoted to “The Duties of Physicians to Each Other and to the Profession at Large”; Part II of the chiropractic code is devoted to “Professional Relationships”; and Part 2 of the naturopathic code refers to “Duties of Naturopathic Physicians to the Profession and to Each Other”. The first mentioned is divided into several articles, the first of which contains “Duties for the Support of Professional Character”. It is stated in Section 1 that “It is inconsistent with the principles of science for physicians to base their practices on any dogma or unsupported theory or to float about with every wind of doctrine following an experience or precedent alone”, and then goes on to encourage the osteopath to “be a student of nature and her laws”. This latter statement is related to Sec. 5, Part I in the chiropractic code. Section 2 says that “The physician should observe strictly such laws as are instituted for the government of the members of the profession, ...”, and such an admonishment is found in the preamble of the naturopathic code. Section 3, which notes that “every physician should identify himself with the organized body of his profession as represented in the community” is echoed in the chiropractic code (Part II, Sec. 5), and the naturopathic code (Part 2, Art. I, Sec. 2). “There is no profession from the members of which greater purity of character and a higher standard of moral excellence are required”

according to Section 4 of the osteopathic code, a point to which reference is also made in the preambles to the chiropractic and naturopathic codes. Moreover, "It is incumbent on (osteopathic) physicians to be temperate in all things" (Sec. 5).

Section 6 of Chapter II of the code of ethics for the osteopaths contains a lengthy discussion of the general topic of advertising, part of which says:

- (a) "It is unethical for a physician to advertise in any manner, except as hereinafter provided: it is ethical to use in a printed publication a simple, dignified statement which lists only the name, profession, address, telephone number, office hours, and other necessary information, such as listing the organs or class of cases, but not the specific diseases treated by the individual or group who limits practice to a specialty only."

The last mentioned point is found in Part 2, Art. I, Sec. 6 of the naturopathic code. The osteopathic code continues:

- (b) "It is not compatible with honorable standing in the profession for any individual practitioner or institution to pay, directly or indirectly, for advertising time on the radio or television, nor for any osteopathic society, except the C.O.A. or a divisional society thereof."
- (c) "It shall be considered unethical for any physician, hospital, clinic or sanatorium to use literature of any kind for the education of the laity of the facts concerning osteopathy, their services, mode of treatment or qualifications, except as hereinafter provided:
 - (1) Educational literature as referred to in the above paragraph may be used provided it is published for that purpose by the C.O.A. or, if published by any other concern, individual or organization, it has approval of the Committee on Ethics previous to its use."

The statement then goes on to explicitly disallow eleven practices, such as "promising radical cures" and "using any public listing of diseases treated, methods used or equipment possessed". Certain of these matters are covered in Part 2, Art. I, Sec. 6 of the naturopathic code. This general topic is covered in Part II, Section 6 of the chiropractic code this way:

Chiropractic advertising should deal strictly with the principles of chiropractic as a health service. The copy of such advertising should never be flamboyant, nor contain mis-statements, falsehoods, misrepresentations, distortions or sensational or fabulous reports which are intended, or have a tendency, to deceive the public or impose upon credulous or ignorant persons.

For the naturopaths, there is a more detailed and explicit statement on the whole topic of "public relations" (Part 2, Art. I, Sec. 6).

The next two sections of this article dealing with "duties for the support of professional character" have no close counterparts in the code of ethics of the chiropractic or the naturopathic professions: Section 8 says: "It is unethical for an osteopathic physician to be identified in any manner with testimonials for

proprietary products or devices, advertised or sold directly to the public....” And Section 9 of the osteopathic code says “It is unethical for a physician to use or advocate the use of any secret method or appliance for the treatment of human ailments”. But finally, according to Section 10, “It is unethical for an osteopathic physician to be associated in any manner with any institution or individual whose advertising or business or professional conduct is not in accord with the general principles expressed in this Code of Ethics” – an issue discussed in different words in the naturopathic code (Part 2, Art. I, Sec. 7).

Article II of this chapter is concerned with the professional services of osteopathic physicians to each other, and its first section establishes that “Physicians should not, as a general rule, undertake the treatment of themselves nor of members of their family, in serious illnesses or accidents”. The remaining four sections of the article details various aspects of what is commonly referred to as the “extending of professional courtesy” to colleagues; some of these are paralleled in the same Article of the naturopathic code.

Article III – entitled “Duties of Physicians in Regard to Consultation” – begins with the statement: “Consultations should be promoted in difficult cases, as they contribute to confidence and enlarged views of practice. Especially should the (osteopathic) physician be ready to act upon any desire of the patient for consultation, even though the physician may not feel the need for it.” This is similar to Part 1, Art. I, Sec. 10 in the naturopathic code and the latter aspect of his statement is reflected in Part I, Section 3 of the chiropractic code. Further in the article, Section 7 indicates that “None but the rarest and most exceptional circumstances would justify the consultant in taking charge of the case. He should not do so merely on solicitation of the patient or friends”.

Article IV, “Duties of Physicians in Case of Interference”, of the osteopathic code is divided into nine sections. The fourth of these sections declares: “An osteopathic physician ought not to take charge of or treat a patient who has recently and in the same illness been under the care of another physician, except in the case of a sudden emergency, or in consultation with the physician previously in attendance, or when that physician has relinquished the case or has been dismissed in due form”. A related matter is covered in Part II, Section 2, of the chiropractic “Code of Ethics” and in Part 2, Art. III, Sec. 3 of the naturopathic code.

Article V deals with “Differences between Physicians”, and the first section relates, in part: “Whenever they (differences) occur and cannot be immediately adjusted, they should be referred to the committee on ethics and censorship of the divisional society for arbitration and settlement with right of appeal from the decision at the next regular business session of the divisional society”. There is a similar provision in the naturopathic code (Part 2, Art. IV, Sec. 1).

The Canadian osteopathic profession in its code of ethics next deals with the topic of “compensation” in Article VI of Chapter II. “Poverty, mutual professional obligations, and certain of the public duties named in Chapter III should always be recognized as presenting valid claims for services without charge;...,”

a point mentioned in Part III, Section 2 of the chiropractic code, and referred to in Part 3, Art. I, Sec. 4 of the naturopathic code. Section 3 of the osteopathic code indicates that "Some general rules should be adopted by the physicians in every town or district relative to minimum fees;" which is also mentioned by the chiropractors (Part II, Section 7). Section 4 states "It is derogatory to professional character for physicians to pay or offer to pay commissions to any person whatsoever who may refer to them patients requiring general or special treatment or surgical operations". A similar statement is found in Part 2, Art. I, Sec. 6 of the naturopathic code. So-called fee splitting is also covered in codes of the chiropractors (Part II, Section 7) and the naturopaths (Part 2, Article I, Section 5).

Chapter III – "The Duties of the Profession to the Public" – though relatively brief, contains several important issues for the osteopaths. The chiropractors' equivalent is Part III – "The Public Relations" – of their code, and the "Reciprocal Duties and Obligations of Naturopathic Physicians and the Public" is equivalent for the naturopaths. Section 1 says: "A full discharge of the professional duty requires that physicians endeavour to enlighten and warn the public as to the great injury to health and destruction of life arising from the ignorance and pretensions of charlatans and from the effect of any system of treatment not based on a thorough knowledge of the human body in health and disease". According to Section 2, "Physicians should be ever ready to give counsel to the public in relation to subjects especially appertaining to their profession," an admonition which may also be found in Section 1, Part III of the chiropractic code, and Part 3, Art. I, Sec. 1 of the naturopathic code. Section 3 of the osteopathic ethical code has no direct parallel in either the chiropractic or naturopathic codes: "In epidemic and contagious diseases, it is their duty to face the danger and to continue their labours for the alleviation of the suffering even at the risk of their own lives". But Sec. 4 "Physicians....should be ready to enlighten inquests and courts of justice on questions relating to ... various ... subjects embraced in the science of medical jurisprudence" is also found in the naturopathic code (Part 3, Art. I, Sec. 3). The last section states: "It is the physician's professional responsibility and duty to advise against devices, methods of treatment, or medications that have been specifically condemned by the Canadian Osteopathic Association....," which is also found in the naturopathic code (Part 2, Art. I, Sec. 8).

While the foregoing has not covered a number of the osteopathic, chiropractic, and naturopathic code articles, these are perhaps of less direct interest in a discussion of patient care; yet the preceding discussion should have served to demonstrate several things. The "Code of Ethics of the Canadian Osteopathic Association" is a fairly comprehensive document. In comparison, the chiropractic code appears to cover about one-half the number of topics examined there, and where the same topics are discussed in both codes they are covered in greater detail in the osteopathic code. This is not surprising when it is realized that the osteopathic code is more than four times the length of its chiropractic counterpart. The osteopathic code is about one-fourth longer than the naturopathic code, but there is more similarity in the topics discussed. It would appear also

that there are noteworthy variations among the three healing arts in strictness of the terminology employed.

Relationships with Other Healing Arts: Cooperation, Accommodation, Competition and Conflict

The interrelationships of the professional groups have been complex and from time to time controversial. Many of the difficulties faced by the groups under study have emerged in their relationships with segments of the professional medical associations. It is reported that the first president of the British Columbia Chiropractors' Association:

Was summoned for practising medicine June 6th, 1920. First offence fined \$10.00 and costs. 1920 summoned for second offence, fined \$10.00 and costs after putting up a strenuous fight.... In August 1922, was arrested for third offence for practising medicine without a license....⁷¹

And ten years later:

We recognize too well, also, the open hostility of the Medical Profession and know that our problem of recognition by the populace is being militantly prejudiced from that source. Therefore, again it is paramount that we subscribe ourselves most strictly to a higher rigid code of ethical conduct.⁷²

These attitudes probably did not reflect isolated phenomena, and similar incidents may be found in the histories of naturopathy and osteopathy in Canada from the earliest days.

This is documented in many personal interviews with senior persons in these professions. One of the early-day naturopaths recounted "difficulties at times, with people [naturopaths] in and out of jail – stool pigeon business," the charge being practising medicine. In his province naturopaths called themselves "doctor" until 1925, when the medical association sponsored an act in the legislature disallowing use of the title. At the same time, according to this respondent, there were some "informal referrals" between naturopaths and medical doctors "in the early years," but most M.D.s were "afraid to express their favorability" because of the stand taken by the profession on the associational level. To "end criticism and persecution" the naturopaths secured an act in this province in the mid-1930's, and for some time after that there was reported to be not so much trouble with medical doctors as with chiropractors – the naturopaths were accused of "practising chiropractic". The respondent recounted a series of "skirmishes" with various healing arts, from time to time, for practising medicine, chiropractic, chiropody, and physiotherapy.

⁷¹ "Your Officers," *The British Columbia Chiropractor*, Vol. 1, No. 1, 1933, p. 5.

⁷² "Ethics," *The Canadian Chiropractic Journal*, Vol. 1, No. 1, February 1934, p. 2.

The following statement appeared two decades ago in an official medical publication:

I see by the papers that chiropractic has again reared its ugly head. Its cult-ists want to participate in the benefits of the proposed Health Plan (as doctors, not as patients) and as a preliminary are taking steps 'to have the Provincial Legislature recognize chiropractic as a profession'.⁷³

These therapeutic monstrosities, to whom science is only a word in the dictionary, hope to set their fantastic hocus-pocus by the side of our profession and, unless we are on the alert, may do so. Let no one delude himself with the thought that the common sense of the people or their respect for us will come to our rescue. The people, as a whole, never had, have not now, and never will have common sense when it comes to matters of health...

You may depend upon it that the irregulars will fight hard to win their cause. They are past masters of the art of advertising. They are completely free from any tincture of science and can easily out-argue us before an audience of similarly credulous, uncritical and unscientific people, whether that audience be in parliament or out of it. Otherwise sensible people such as lawyers, educators, parsons and business men are just as likely to favour the irregular as they are to favour us. Their powers of discrimination vanish when the question relates to the care of the sick. Sickness to them is a mystery more likely to yield to the wizard than to the philosopher. The only persons who can be counted upon to consistently and wholeheartedly oppose the aims of the chiropractors are ourselves.

You who read this may seethe with indignation at the thought of quackery being raised to sit by the side of scientific medicine. But your indignation is a futile vamping unless you add it to that of many others. Not as a private individual but only as a member of the Associations can your influence be felt. It is no longer merely a privilege, it is now a duty, to be such a member. It is, indeed, doubly a duty for not only must you act to defend your own interests, you must also act even more strenuously to defend those of your colleagues whose sense of duty has set them where they can neither speak nor act for themselves. The future of medicine can be made secure, but only if we are completely united.⁷⁴

Writing several years ago in the *University of Toronto Medical Journal*, the then Dean of the Canadian Memorial Chiropractic College stated:

Due to the strength and influence of the medical profession in the Province of Quebec, chiropractic has not been successful as yet in obtaining legislation for regulation and control of its practitioners, despite thirty years of diligent legislative effort. Such a short-sighted policy leaves the public unprotected from the uneducated, unqualified, unscrupulous individuals claiming to be

⁷³ In fact the chiropractic profession in Manitoba achieved licensure through the provincial legislature in the same year that this statement was written — 1943.

⁷⁴ Winnipeg Medical Society, *The Manitoba Medical Review*, April 1943.

chiropractors. This is hardly a situation that is defensible as being in the public interest.⁷⁵

Similarly, in one province during the late 1950's the naturopathic legislation was substantially revised, establishing a Board of Supervision. According to one respondent there had been virtually no "political opposition" when the bill was passed but there had been much reaction from organized medicine.

These recollections of a few incidents in the history of inter-professional relationships is intended to serve only as a back-drop to the situation today. References to these matters are made in the briefs to the Royal Commission on Health Services by several of the healing arts, so there is little need for a detailed discussion here.⁷⁶ At the level of patient care, the position of one large Canadian chiropractic association in relation to organized medicine is summarized in the following statement:

A small number of patients is referred personally by physicians or surgeons, while a larger number consult a chiropractor on the recommendation or approval of a physician. However, it must be pointed out that the usual interpretation of the medical code of ethics prohibits professional and social relations between the members of the two professions. Under such circumstances, most medical referrals are in confidence, the welfare of the patient being the greater concern. Since the chiropractic code of ethics demands that the interest of the patient come first, many more patients are referred by chiropractors to physicians, than the reverse. Co-operation between these two professions leaves much to be desired, and the patient who would be helped by chiropractic care is often dissuaded from seeking the help he needs. But, in recent years, chiropractors have been encouraged by increasing grass roots co-operation, in spite of the fact that at the official level there remains the unyielding policy directed by radical politics and economics.⁷⁷

⁷⁵ Homewood, A.E., "Chiropractic," *The University of Toronto Medical Journal*, Vol. 38, No. 4, February 1961.

⁷⁶ *The Canadian Chiropractic Association* brief to the Royal Commission on Health Services, *op. cit.*, pp. 24-51, contains a detailed discussion on "Medicine and Chiropractic". This includes a "History"; "Manipulation a 'Mystery' to Orthodox Medicines"; "Opposition to New Discoveries by Orthodox Medicine"; "Revolution in Medical Practice Overshadowed Discovery of Chiropractic Principles"; "Changing Medical Views Now Support Chiropractic Principles"; "Medicine Approves Chiropractic Procedures — 41 Years Later"; "Opposition to Regulatory Chiropractic Legislation Not in the Public Interest"; "Chiropractic Legislation in 87% of States and Provinces"; "C.M.A. Convention Hears Favourable Report on Chiropractic"; "Economics May Be a Problem"; "Chiropractic Principles on Sound Scientific Basis"; "Chiropractic Has Contributed to Improved Diagnosis and Treatment".

⁷⁷ Canadian Chiropractic Association, Ontario Division, *op. cit.*, para. 122. A related problem developed with the College of Chiropractors of the Province of Quebec reported in 1962 having been encouraged by the provincial government to explore with the University of Montreal the possibility of establishing a curriculum for chiropractic studies at that university, with the result that "... par la seule opposition de sa faculté de médecine, se refuse à collaborer. C'est donc dire que la faculté de médecine, part parti pris et par un intérêt absolument anti-démocratique, s'oppose à la compétition chiropratique au détriment même de la science et de la morale" (*L'Action Chiropratique, op. cit.*, 1962, p. 4).

Again, at the patient level, a contemporary statement of attitudes toward chiropractic from the standpoint of one spokesman for medicine is as follows: ⁷⁸

The medical profession's objection to this cult is its lack of scientific basis, which does not permit chiropractors to make a correct diagnosis. Thus, pitiable results often occur when a person needing medical attention goes to a chiropractor....

A chiropractor is limited to those cases where manipulation may help ease a myositis or spasm of muscles, or those psychosomatic problems where the special attention and sympathetic listening of the practitioner may ease a psychoneurotic situation. Because these meager benefits are far outweighed by the dangers of wrong diagnoses and erroneous treatments and because proper manipulation and psychiatric care can be given by well trained physicians, the activities of this cult are condemned and opposed by the medical profession. ⁷⁹

Because chiropractic is designated as a "cult" by the professional medical associations in all political jurisdictions in Canada, officially it is not permissible for medical practitioners to enter into any patient referral or consultative arrangements with chiropractors.

After well over one-half a century why is there no greater degree of accommodation or co-operation between chiropractic and medicine in Canada? According to one chiropractic respondent:

When D.D. Palmer found that Chiropractic worked well on a number of conditions, he mistakenly jumped to the conclusion that it was a cure-all, and that all disease states were the result of nerve impingement. Being a business man, the possibilities of promoting this therapy appealed to him and he tried, unsuccessfully, to teach his techniques to medical practitioners. When this failed, he turned to the commercial possibilities of teaching his methods to laymen and soon started to graduate manipulators, who although they had some technique to offer, had little general scientific knowledge to back it up.

Such was the pattern in the early years of chiropractic. Excellent manipulators were developed, some of whom were able to get outstanding results, but it is also evident from the writings of this time that many were somewhat rabid in their outlook as to the cause of disease and therefore extremely intolerant to the views of other members of the healing arts. I believe that in the early years of this century the most damage was done to the potential chiropractic image and that chiropractors have been held up to ridicule by the medical profession ever since largely as a result of the statements that were made at this time by a few overenthusiastic pioneers.

⁷⁸ Inasmuch as the Royal Commission on Health Services was provided a copy of the article from which this quotation was taken - "For the information of the Commission" - by the Registrar-Treasurer of The College of Physicians and Surgeons of Ontario, it is assumed that the position taken here is in harmony with the attitudes of the Executive of that organization.

⁷⁹ Dorman, Gerald D., "Chiropractic," *World Medical Journal*, Vol. 9, No. 5, September 1962, pp. 343-44.

The picture with regard to chiropractic education today is vastly different, especially since World War II, but it seems that no matter how much time and effort is spent on those subjects which were lacking in the past, the *general* attitude of the medical profession as a whole is still unfavourable to chiropractic. There are, however, many instances of co-operative working arrangements made *individually* by chiropractors and medical men who work together with excellent results for the patient. I believe I am correct in saying that the chief aim and desire of the chiropractic profession as a whole today is to achieve closer co-operation and understanding with the medical profession, since it is obvious that the people who suffer most from this lack of co-operation and understanding are the general public.⁸⁰

Another chiropractic practitioner provided this statement of his attitudes about interprofessional relationships with medicine:

Co-operation between the various professions in the healing arts is most necessary, in order that the patient be provided with the best care available.

In spite of the contributions made by the chiropractic profession, and in spite of the legislation passed by the overwhelming majority of states and provinces, medicine continues its opposition. In my opinion, this Commission should recognize that such opposition is not in the public interest for the following reasons:

The chiropractic profession is here to stay and both the public and the profession are entitled to the benefits brought about through proper legislation. Lack of legislation in certain areas is not the intention of the governments, so much as it is their inability to deal with the medical opposition. Passing of legislation, where none now exists, will enable the development of Canada-wide standards of practice under the supervision of the appropriate committees of the Canadian Chiropractic Association, and its Provincial Divisions.

Improvements in present legislation have also been opposed by organized medicine. This again is an attempt to hinder the development of the chiropractic profession for whatever excuse may come to mind at the moment. These blocking tactics should be ruled illegal, since the government has already recognized the chiropractic profession, and it has a right to request alterations in legislation. Medicine should certainly be interested in all legislation in the healing field but when "interest" becomes opposition for the sake of opposition, then the government should rule the action to be illegal.

This opposition should be recognized as being an attempt to maintain a monopoly in the field of healing. We have seen that such a monopoly frequently results in beneficial methods being vigorously opposed, thus depriving the public of the highest standards of care.

⁸⁰ The Royal Commission on Health Services questionnaire survey, 1962.

The public interest is best served by inter-professional co-operation, but how can there be this co-operation when one profession exhibits such outright opposition to the other? There are problems on both sides of course. Some chiropractors have been critical of medical practice, but much of this springs from the emotional reaction to medicine's original rejection of chiropractic principles without investigation. If medicine would openly admit that the chiropractor has a valuable service to provide to his community, as medical investigators to-day are pointing out, then most of the other problems would gradually fade away.

I have personally referred patients to medical practitioners and have had patients referred to me by physicians. However, in most instances, efforts to make such referrals are fraught with difficulties too great to overcome. On one occasion, I referred a patient back to her family physician for further examination and possible referral to a specialist. He proceeded to lecture the patient so severely for having attended a chiropractor that she walked out of his office never to return. The patient returned to me to ask if I could find her another family physician, which I did. In other instances, patients have reported similar reactions from a physician, which are attributed to his ignorance of chiropractic. The patient frequently reports these instances to his chiropractor and continues with treatment.

Such examples seem to bear out the fact that the medical Code of Ethics is said to prohibit a physician's co-operating with a chiropractor, whereas, the chiropractic Code of Ethics [Part I, Section 3] encourages such co-operation. Some physicians ignore this requirement in their Code of Ethics, and co-operate in spite of it. Some chiropractors also ignore their Code of Ethics and fail to co-operate. This problem can only be overcome by developing a greater spirit of brotherhood between the two professions, and basic to this is the acceptance by the medical profession of the legal position of the chiropractic profession in the field of health, and an admission of the value of chiropractic methods in the hands of a chiropractor.⁸¹

It is likely that a majority of Canada's chiropractors would agree with the conclusion of this respondent:

Chiropractic gets results in many cases where drugs fail. If some kind of National Health Scheme is adopted, it would be in the interest of the general public to have chiropractic treatment available — not in opposition to medical treatment, but as an integral part of an efficient health service.⁸²

From the chiropractic point of view, there the matter stands.

It is probably accurate to state that the above described experiences which have involved chiropractic and medical practitioners have at times had their counterparts in naturopathic ranks; and it is also apparent that there are similar naturopath

⁸¹ The Royal Commission on Health Services questionnaire survey, 1962.

⁸² *Ibid.*

attitudes toward certain activities of medical associations – paralleling those held by many chiropractors. This is intimated in the following official statement of the Canadian Naturopathic Association, which recommended that:

Naturopathic Physicians be granted the right and privilege of prescribing institutional services for which they are qualified, without the necessity of referral by a member of the Canadian Medical Association.⁸³

To accomplish this [augmentation of existing health services] we recommend that the present stringent rules governing referrals between the Medical and Naturopathic professions be relaxed.⁸⁴

Or as it was put succinctly by an official in one of the provincial naturopathic associations:

The NATUROPATH is scientific as well as humanitarian, and it is his constant desire at all times to co-operate with the M.D. as well as any other doctor in the interest of his patient.

References to relationship between osteopathy and medicine also have been made in official statements of osteopathic professional associations. Of greater interest, though, is the series of articles which appeared during recent years in the *Canadian D.O.*, an official publication of the Canadian Osteopathic Association. The tone of a number of these articles was set in a March 1961, issue of that publication where the lead article, entitled "Toward Better Understanding," begins with the sentence:

The too long history of suspicion and distrust between the two major healing professions appears to have reached a turning point. Among the many evidences of a growing new attitude, the request from the *University of Toronto Medical Journal* is a prime example.

The *Journal* invited the preparation of an 8,000 word article on osteopathy by the president of the Ontario Osteopathic Association. This request was prompted by the discovery:

.....that both students and practitioners were unfamiliar with the field of osteopathy. We have found that the general view of the faculty concerning your field, so closely allied to the medical profession, was that osteopathy represented a cult rather than a science.....we all thought it unfortunate that a false opinion continues being inculcated into the undergraduate body. We concluded that a considerable portion of this prejudice is due to lack of knowledge concerning the position of the osteopath in the science of healing and rather than admit this fact the physician tends to demerit the profession in the face of questioning by interested students.

In order to correct this bias the editorial staff of our *Journal* decided to devote an article to the clarification of the position of Osteopathy in Canada...⁸⁵

⁸³ Canadian Naturopathic Association, a Brief Respecting National Health Services, op. cit., para. 13.

⁸⁴ *Ibid.*, para. 27.

⁸⁵ "Toward Better Understanding, Professional Seminar", *Canadian D.O.*, Vol. 1, No. 2, March 1961, p. 1.

This attitude expressed by the editors of the *University of Toronto Medical Journal* is further explicated in an editorial in the issue of the *Journal* devoted to articles on osteopathy and chiropractic:

.....the thought comes to mind that we, in the heat of our self-esteem, might be what one could call fanatic in our approach. Our attitude of cool aloofness and disregard, condescending neither to praise or condemn, may very well be due to unfamiliarity with the issue at hand. It seems logical that if we are to do either we must be equipped with knowledge.

The reader would do well to lend an open mind to these articles written by top men in their fields, if for no other reason than to gain a position of disagreeing with their teachings on a rational basis rather than under the pretentious gown of total ignorance.⁸⁶

With representation from Canadian osteopathic, a more intensive form of information sharing between medicine and osteopathy is under way in the United States. Supported by the Rockefeller Brothers Fund and Mrs. Rockefeller, who have had a long-standing interest in osteopathy, and sponsored by the Foundation for Research of the New York Academy of Osteopathy, a series of seminars were initiated in 1961 which were intended to enhance the rapprochement between medicine and osteopathy.⁸⁷

According to the Canadian D.O.:

Great strides were taken in this first seminar toward the identification and development of areas of understanding on levels other than the political. It became obvious that the marked lack of information about osteopathy by members of the other profession [medicine] stems principally from the lack of

⁸⁶ P.C.S., "Editorial," *University of Toronto Medical Journal*, Vol. 38, No. 4, February 1961, p. 154.

⁸⁷ "Toward Better Understanding, Professional Seminar", *op. cit.*, p. 3. In this connection it is interesting to note the approach to the seminars: "The planning committee of the Foundation was guided in designing the first seminar by three conclusions: 1. It is thought by many that the real and proper rapprochement between the two professions will be reached at the educational, scientific and public health levels instead of the political or organizational level. 2. Much of that rapprochement has already been made; but it has gained little note as compared with the doings in the political area. 3. The extent and nature of the rapprochement accomplished to date needs to be identified so that steps may be taken to enlarge it and so that impediments to its enlargement can be removed." Perhaps this new approach was a reaction to the failure of the House of Delegates of the American Medical Association to endorse all the 1955 recommendations of its Committee for the Study of Relations between Osteopathy and Medicine. These recommendations were a part of the Cline Report which detailed the undertaking of a first-hand two-year study of osteopathic education of five osteopathic colleges and their curricula by medical practitioners and "highly respected" deans, former deans and assistant deans of medical schools. The now famous Cline Report concluded: "The committee recommends: 1. That the House of Delegates declare that current education in colleges of osteopathy does not constitute the teaching of 'cultist' healing. 2. That the House of Delegates declare the policy of the American Medical Association to be to encourage doctors of medicine to assist in osteopathic undergraduate and post-graduate medical educational programmes in those states in which such participation is not contrary to the announced policy of the state medical association. 3. That the House of Delegates request state medical associations to assume the responsibility of determining the relationship of doctors of medicine to doctors of osteopathy within their respective states or request their component county societies to do so. 4. That this or a similar committee be continued to confer with representatives of the American Osteopathic Association concerning common or interprofessional problems on the national level." (Cline, John W., "Report of the Committee for the Study of Relations between Osteopathy and Medicine," *Journal of the American Medical Association*, Vol. 158, No. 9, July 2, 1955, p. 741). Although at the national level there has been resistance to complete adoption of these recommendations, six state and several county associations (e.g., Philadelphia) have implemented them.

adequate literature that is easily available to Doctors of Medicine; that the healthy exchange of opinions and philosophies between sincere men is always possible regardless of the school of practice; and, that the limiting of such benefits of the distinctive procedures of osteopathy as are truly effective to approximately 6 per cent of the population is a gross injustice to society ⁸⁸

In Ontario where a large majority of Canada's osteopaths are practising, it was reported that conversations between a special "conference committee" composed of the osteopathy licensing board (the Board of Directors of Osteopathy) and the Ontario Osteopathic Association, and the medical licensing board (the Ontario College of Physicians and Surgeons) were held several times during the first half of 1961:

For many years, the profession has endeavored to alter the law under which Osteopathic Physicians practice. The main opponent to these changes has been the medical profession. In an effort to arrive at a solution to the problems of the osteopathic profession, the Minister of Health suggested the osteopathic and medical boards confer and endeavor to find some manner of giving the DO's the legislative changes they are requesting.

The meetings have been marked by friendliness and cordiality. The osteopathic members have been impressed with the sincerity of the MDs. On several occasions the MDs have made suggestions to help the DOs improve their rights. Perhaps the most noticeable change in attitude has been the awareness of the broad education of DOs comparable in all respects to that received by the MDs.

An early suggestion that the DOs be licensed under the Medical Act, as is seen in some states, has been found unobtainable, due to the set-up in Canada, in which a Federal Board administers the enabling examinations. The Osteopathic Profession wants full practice rights and all privileges accorded MDs under provincial legislation with full use of hospitals, as its final goal. Only by cooperating with the medical profession and with their assistance can this goal be achieved..... ⁸⁹

In the same publication three months later than the above quotation, the following appeared:

Within the next twelve months, if not before, you can expect a visit from organized medicine in your area, for the stated purpose of improving cooperation between the two professions. If your visitors sincerely wish to cooperate with you, they can do so very easily. They can remove the 'cultist' appellation. They can make it ethical for doctors of medicine to consult with doctors of osteopathy. They can permit osteopathic physicians staff privileges in public and tax supported hospitals. These things they can do without detailed negotiations with you. Organized medicine created these restrictions and needs no assistance in removing them.

⁸⁸ "Toward Better Understanding, Professional Seminar", *op. cit.*, p. 4.

⁸⁹ Firth, Douglas E., "Report of the Ontario Conference Committee," *Canadian D.O.*, Vol. 1, No. 3, June 1961, p. 17.

There are many sincere and fine doctors of medicine. We associate with them every day. They are dedicated, honest, and cooperative. They are willing, practically all of them to coexist with us. Our problem did not arise from them. It was formulated by medical politicians who are determined that there will be only one school of medicine, one medical organization, and one control..... [This].....must not be because it is not in the interest of public health.⁹⁰

Reporting in the *Canadian D.O.* six months after the original announcement of the meetings of the Conference Committee of osteopaths with medical officials on interprofessional relationships in Ontario, it was noted that in the interim there had been two more meetings of this group:

The committee is continuing to strive for the unlimited practice of osteopathy in Ontario with ease of access to Ontario for qualified D.O.s⁹¹

Early in May of 1962 it was reported at a convention of the Ontario Osteopathic Association that:

It is possible that co-registration under the Medical Practice Act may offer some improvement.⁹²

A recent article on the relationship of medicine and osteopathy was referred to the attention of the Royal Commission on Health Services by the College of Physicians and Surgeons of Ontario. It seems reasonable the prognosis given there finds support in Canada from the standpoint of organized medicine. This article concludes, in part:

Although the American Osteopathic Association still takes the official position that osteopathy should continue to be a 'separate and distinct' member of the healing arts, many individuals in both the osteopathic and medical profession feel it would be in the public interest to have one standard of education, one standard for licensure, and one standard of practice. In California, where state law has long required equal achievement of both medical and osteopathic licensee applicants, an agreement for merger of the professions has been implemented..... It seems probable that this may be the beginning of a movement which will ultimately absorb osteopathy into the medical profession just as the homeopaths were absorbed a half century ago..... The progress of medical science, the better education of the public and of both the osteopathic and medical professions have certainly lessened the appeal and rationalization of Still's original concept. Osteopathy appears to be evolving and merging back into the medical profession from which it sprang almost a century ago.⁹³

⁹⁰ "The Answer to the Problem?" *Canadian D.O.*, Vol. 1, No. 4, September 1961, p. 10.

⁹¹ "Ontario Osteopathic Association," *Canadian D.O.*, Vol. 1, No. 5, December 1961, p. 5.

⁹² "Ontario First," *Canadian D.O.*, Vol. 2, No. 2, June 1962, p. 1.

⁹³ Pollock, Wayne, "The Present Relationship of Osteopathy and Scientific Medicine," *World Medical Journal*, Vol. 9, No. 5, September 1962, p. 339.

With osteopathy, as with the other healing arts examined in the present study, precise nature of the interrelationship of this field and medicine is unclear, but it does seem fairly evident that an "understanding" between osteopathy and medicine is more likely of fruition in the foreseeable future than may be expected for either chiropractic or naturopathy. It also seems fairly evident that this will continue to develop more readily on the informal, person-to-person level than on the national associational level. But even this may give way to the pressures of the kinds of developments that are occurring in official medical and osteopathic circles, as in the instance of Ontario.

Relationships with Government

The legislation relating to these healing arts has been analysed in detail in the latter portion of Chapter I, and Appendix I of this study. That discussion described the requirements for entrance into practice and professional conduct which have received the official sanction of provincial governments. It was noted that some of these legal provisions are applicable to individuals, others to the professional associations – as mediated through the mechanism of boards drawn from the professions, which in some instances are vested with quasi-governmental functions.

Appendix I also contained a delineation of those instances where services provided by these practitioners are covered under the provisions of Workmen's Compensation Acts. Ordinarily in those instances where any of these health services operate under the provisions of provincial legislation, patients may be eligible for Workmen's Compensation Board coverage – an important factor because many commercial and industrial establishments are associated with this programme which underwrites the treatment of on-the-job accidental injuries.⁹⁴ There have been few apparent difficulties in the operation of these programmes; for example, it was reported in New Brunswick that: "Relations between the Workmen's Compensation Board and the profession are most amicable, and no difficulty is being experienced. Claims of chiropractors for the services rendered are promptly adjusted and paid by the Board."⁹⁵ And according to the naturopaths, "Excellent co-operation and relations exist between this Profession and Workmen's Compensation Boards"⁹⁶

⁹⁴ *The Canadian Chiropractic Association, British Columbia Division, op. cit.*, paragraph 27, reported that over 27 per cent of patients were "on Workmen's Compensation Board Insurance". The Canadian Chiropractic Association, Alberta Division, *op. cit.*, para. 16, reported that the number of W.C.B. cases constituted approximately 19 per cent of new cases. The brief of the Ontario Chiropractic Association (para. 31) notes: "... an increase of 308.8 per cent in the period 1954-60 gives an indication of the increasing value of chiropractic to Ontario injured workmen, industry, and the Board".

⁹⁵ *Canadian Chiropractic Association, Maritime Division, op. cit.*, paragraph 16.

⁹⁶ *Canadian Naturopathic Association, brief Respecting National Health Services, op. cit.*, paragraph xvi.

Interest here is with the relationships of the professional associations with the several levels of government. Most of these efforts have been directed to expanding the recognition by government and the amount of latitude accorded these groups in the governance of their own affairs. It was mentioned earlier that in some provinces such efforts are still dedicated to the basic matter of obtaining legislation specific to the healing art in question.

It is in Quebec where the largest group of practitioners from chiropractic, naturopathy and osteopathy are not covered by legislation. In the words of the College of Chiropractors of the Province of Quebec such coverage is needed both for the benefit of the health of the public and the control of the profession:

L'expérience acquise par l'organisation d'autres professions analogues trace, nous semble-t-il, le chemin qu'il reste à parcourir et qu'il convient de franchir dans les plus brefs délais.

Il importe en premier lieu que la province de Québec reconnaisse à la suite des autres provinces l'exercice de cette profession. Il faut donner un statut public à un groupe qui apporte une si grande contribution au bien public.

Il faut également trouver les modalités qui permettront d'assurer à la fois la pratique libre de la chiropratique et la protection des citoyens. Le Collège des chiropraticiens proposera prochainement au comité des bills privés un projet d'incorporation de tous les chiropraticiens en un corps professionnel fermé. Nous croyons que c'est la meilleure formule en l'occurrence.

Ne voulant pas préjuger la discussion qui aura lieu au comité des bills privés, sur un texte précis, nous ne parlerons pas ici des structures et des pouvoirs que devrait avoir un Collège des chiropraticiens.

Mais nous insistons sur le fait qu'il faut tout de suite mettre fin à une situation qui apporte tous les désavantages de la "tolérance", qui maintient une injustice pour des milliers de citoyens et qui met en danger la sécurité de la population dans l'un de ses biens les plus précieux: la santé.⁹⁷

It may be recalled that the College of Chiropractors of the Province of Quebec was formed largely to exert moral control over the profession and to work for legislation in that province, and its counterpart organization in Nova Scotia is dedicated to similar accomplishments. (It may also be recalled that the organized osteopaths of Quebec have made attempts without success to achieve legislation for more than 35 years). The Ontario Chiropractic Association in 1960 recognized the need to "... establish a closer working relationship with the government in this province... Accordingly it was decided to appoint a Parliamentary Representative...."⁹⁸

⁹⁷ Le Collège des chiropraticiens de la province de Québec, *Mémoire*, February 1961, pp. 7 and 8. This matter was also referred to in the previous section in Homewood, *loc. cit.*

⁹⁸ "O.C.A. Convention Sets Stage for Further Progress," *Canadian Chiropractic Journal*; Vol. 5, No. 1, Winter 1960-61, p. 46.

One dimension of provincial recognition was cited by the Canadian Osteopathic Association in a reference to the relationship between scope of practice and professional training:

The broad education and training of osteopathic physicians is not fully recognized in any of the ten provinces with the result that only a comparatively few osteopathic physicians have located in Canada.

Current graduates of osteopathic colleges, having spent a minimum of eight (8) years in training to become physicians, hesitate to locate in a country that fails to allow them to practice as they have been trained. The various provincial legislatures, differing in opinion from similar jurisdictions in the United States, have seen fit to restrict the usefulness of physicians of the osteopathic school of medicine. As a result even our native sons are reluctant to return to practice in Canada⁹⁹

The role legislation has played in the healing functions allowed osteopathy in Canada constitutes an area of continuing activity and concern for this profession

Increasingly the national professional associations have become active in dealings with governments. For example, in December 1958, conferences were held in Ottawa between officials of the Canadian Chiropractic Association and the Government of Canada:

The purpose of these meetings was twofold: (a) To present to the Minister of National Health and Welfare a brief from the Canadian Chiropractic Association urging the inclusion of chiropractic services in any broadening of the health program under the Hospital Insurance and Diagnostic Services Act; (b) to present a submission to the Honourable Secretary of State requesting that chiropractors' signatures on Civil Servants' sick leave certificates be accepted.¹⁰⁰

Two years later the Canadian Chiropractic Association presented a brief to the Standing Committee on Veterans' Affairs urging "chiropractic treatment and counselling be included in federal health programmes and legislation, including the amendment of the 'Veterans' Treatment Regulations' to provide chiropractic care for disabled veterans"¹⁰¹ In 1962 the Canadian Chiropractic Association recommended several programmes to the Royal Commission on Health Services, among them being:

(c) Provision for the services of chiropractors on an equal basis with other recognized healing arts for those citizens whose health needs are provided

⁹⁹ Province of Quebec, *Canadian Osteopathic Association*, brief to the Royal Commission on Health Services, Montreal 1962, para. 16.

¹⁰⁰ "Ottawa Report," *Canadian Chiropractic Journal*, Vol. 2, No. 3, December 1958, p. 9. The two documents in question are entitled: "A Brief Submitted by the Canadian Chiropractic Association to The Honourable J. Waldo Monteith, Minister of Health and Welfare for Canada, on the Subject of Hospital Insurance and Diagnostic Services Act", and "Submission of The Canadian Chiropractic Association to the Honourable Secretary of State."

¹⁰¹ "Minutes of Proceedings and Evidence, February 25 and March 10, 1960;" House of Commons, 3rd Session, 24th Parliament, 1960, Standing Committee on Veterans' Affairs, Ottawa.

through Federal Health Services, i.e., Armed Forces, Veterans, R.C.M.P., etc., as well as dependants of these groups.

(d) Provision for the services of chiropractors on an equal basis with other recognized healing arts for those citizens whose health needs are provided through Old Age Pension and Social Assistance legislation. The Provinces of Alberta and Manitoba have already implemented this program.¹⁰²

In a like manner, both national associations for the naturopaths and the osteopaths made known their recommendations to the Royal Commission on Health Services in that same year.

It seems fairly evident that professional associations at all levels have emerged as the most potent agencies in representing the interests of these professions to government for it is through the work of the associations that practitioners have attempted to better their situation – in terms of standards of fitness to practise, scope of practice, continuing surveillance of the profession, expanding services to patients, and the like.

Relationships with the Public

For these practitioners the public is constituted of patients and theoretically potential patients. The professional associations have played a vital role in the nature of contacts with the public, whether personal – as with the doctor-patient relationship – or impersonal – as with organized ‘public relations’ efforts. As far as the former is concerned, much of the relationship between the practitioner and his patient is formally defined in the code of ethics of his professional association, which were discussed in an earlier section of this chapter. Yet there are other ways.

There are a number of means at the disposal of the professional groups and their members to inform the public about their services or the existence of a particular practice. For example, both the chiropractors and the osteopaths have made films or film strips available for presentation on television and to service organizations in some Canadian communities, but very few practitioners (only 1 per cent of the chiropractors, as is shown in Table II-13) reported making use of this particular medium, or radio, for informing the public about their services. The survey showed that most commonly a normal yellow-pages listing in the local telephone directory was used to so inform the public.¹⁰³ In the telephone directories ‘chiropractors’ and ‘naturopaths’ are listed under headings using those names, while ‘osteopaths’ may appear under that term or they may be listed along with medical practitioners under a ‘physicians and surgeons’ heading. A few

¹⁰² *Canadian Chiropractic Association, op. cit.*, paras. 119 and 120.

¹⁰³ The question asked was: “Do you use the following means to let the public know about your practice? Normal listing in the ‘Yellow Pages’ of the telephone directory? Special announcements in the ‘Yellow Pages’ of the telephone directory? Newspaper announcements? Radio or TV announcements? Printed pamphlets?”

practitioners also make use of special announcements – sometimes called box advertisements in the yellow-pages section of the telephone directory; this is especially true for group-practices or clinic arrangements. This is most common among the chiropractor-naturopaths, and least common among the osteopaths (Table II-13). Some use of ‘newspaper announcements’ was reported by Canadian practitioners; about one-fourth of the chiropractors reported such usage. It was least common among the osteopaths. In this connection ‘newspaper announcements’ presumably may refer to announcements of the opening of a practice, a change in location of a practice, or some other sort of information about an individual practitioner or group of practitioners. It is also possible that some respondents were thinking here of ‘public information’ campaigns, with local professional associations sponsoring advertisements emanating originally from some higher – usually national – association level.¹⁰⁴

TABLE II-13
PROPORTIONS OF PRACTITIONERS WHO REPORTED USE OF
VARIOUS MEANS FOR INFORMING PUBLIC OF PRACTICE

Public Information Media Reported	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Normal yellow-pages listing	94 ¹	85	88	92	93
Special yellow-pages announcements	11	15	10	19	11
Newspaper announcements	27	21	10	22	26
Radio and/or TV announcements	1				1
Printed pamphlets	39	38	15	19	36
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ This indicates that 94 per cent of the chiropractor respondents reported use of a “normal listing in the ‘Yellow Pages’ of the telephone directory”.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Nearly two-fifths of both the chiropractors and naturopaths reported using printed pamphlets; the osteopaths indicated least usage of this medium. Some of this literature, designed for lay consumption and circulated by means of patients picking it up in practitioners’ offices, is published by professional associations themselves. For example, the Canadian Chiropractic Association published a detailed pamphlet entitled ‘Industry and Chiropractic’ which reported the findings

¹⁰⁴ For example, the March 23, 1963, issue of *The Edmonton Journal* contained a one-fourth page advertisement on “Insurance Recognition of Chiropractic,” sponsored by the Public Information Committee of the Canadian Chiropractic Association, Alberta Division.

of a survey based on workmen's compensation and insurance company data, along with the findings reported by the International Chiropractors Association.¹⁰⁵ According to the Canadian Chiropractic Association pamphlet:

The results of this survey proved conclusively that chiropractic care of low-back injuries has no equal and can be of tremendous benefit in reducing the lost man-hours and lost wages suffered by those afflicted with this painful condition.¹⁰⁶

Other pamphlets may not originate with a Canadian professional association, but merely may be distributed by them as, for example, when the Canadian Chiropractic Association distributed publications of the National Chiropractic Association and the International Chiropractors Association. Such pamphlets may make reference to research findings, as noted above; others may recount the various benefits associated with chiropractic care as experienced by an individual or number of individuals.¹⁰⁷ More ambitious publication efforts are also prepared by professional associations in the United States and are available to the public in Canada by subscription.¹⁰⁸

Another category of printed media is available in Canada. These are subscribed to by some practitioners for their patients, and are made available to the patients in the practitioner's office. These may be prepared by commercial concerns such as the Science Sidelights Company, which publishes *Science Sidelights - Better Health through Chiropractic*. The Palmer College of Chiropractic publishes *Your Health Thru Chiropractic*, which contains "health hints" and a series of notarized statements by chiropractic patients about the results of chiropractic care.

¹⁰⁵ This 32-page booklet was published by the Committee on Research of the International Chiropractors Association and has received some circulation in Canada.

¹⁰⁶ "Industry and Chiropractic" was first published in *Canada's Foundry Journal*, and reprinted in the *Industrial First Aid Attendant*, the *B.C. Lumber Worker*, and the *Labor Year Book*. This is a further indication of the information dissemination functions performed by professional associations.

¹⁰⁷ An example of the latter is a pamphlet "published in the public interest by the National Chiropractic Association" entitled "Chiropractic in Industry - How a Noted Industrialist Utilizes the Health Benefits of Chiropractic - An Official Statement by Andrew J. Sordoni, Founder, Sordoni Enterprises, Wilkes-Barre, Pennsylvania".

¹⁰⁸ A 50-page lay magazine, *Healthways Magazine*, has been published monthly since the Second World War by the National Chiropractic Association. The first half of the September 1961 issue contained articles on the following subjects: "Exercises to Strengthen Your Abdominal Muscles"; "The Fickle Clothing Consumer"; "Want to Make a 'Premature Exit?'"; "Psychological Radioactivity"; "The Singing War"; "Your Daily Habits Can Lead to Trouble!"; "You've Got the Time Now!"; "The Killers that Remain Free!"

The American Osteopathic Association publishes a lay magazine called *Health*. Naturopaths in the United States publish *Natures Way to Health*, a lay magazine, which is available for quantity purchase by practitioners for distribution to their patients.

(Campanella, M., "Editorial", *Journal of Naturopathic Medicine*, April-May 1962, p. 2.)

According to one official in the Canadian Chiropractic Association, "...we have a committee which for several months has been reviewing chiropractic literature with a view to eliminating all unprofessional pamphlets and brochures and replacing them with professionally prepared educational material. We are far from satisfied with the calibre of printed material that has been made available to our members from the United States, and we are therefore taking steps to replace most of it with Canadian information."¹⁰⁹

Intra-professional Relationships

One aspect of this topic has to do with the degree of cohesiveness within each of these occupations. Over the years a trend toward greater cohesiveness within all of these groups appears to have developed. This is demonstrated in part by the increasing emergence of various levels of professional associations which are organizations in more than name only. The increasing volume of communications and pace of other forms of activity has been described earlier in this study. It is not possible to state categorically, however, that associational efforts may be equated with professional cohesiveness, for the simple reason that the practitioners themselves by no means universally associate their professional organizations with this process. When Canadian practitioners were asked what was their understanding of the most important contribution made by their professional associations (Table II-14), about one-fourth of the chiropractors, naturopaths and chiropractor-naturopaths indicated that either "unity within the profession" or "intra-profession communications" was the main function of these associations; even fewer of the osteopaths (about one-tenth) provided this kind of definition. A few practitioners (less than 10 per cent) mentioned "leadership and control of the profession," "better public and inter-professional relations," or "improvement of legislation and government recognition," as their interpretation. (Most commonly, practitioners listed education as the paramount function of professional associations).

The tendency toward cohesiveness within each occupation is tempered, then, by certain complicating factors. Canadian chiropractors have not been untouched by the long-standing rift between the two major chiropractic orientations in the United States, by interprovincial differences in practice legislation, by regional and ethnic differences, by a tradition of individualism – to mention some of the more important factors involved. Individualistic tendencies are possibly evidenced by those respondents who either believe professional associations make no major contributions, and said so explicitly on their questionnaire, or by the substantial number of respondents who did not answer the question. Evidently the latter could think of no major contributions. These latter groups ranged between 13 per cent of the chiropractors and 22 per cent of the chiropractor-naturopaths. In addition, the two counterforces in philosophical orientation among chiropractors are evident

¹⁰⁹

Letter from the Executive Secretary, *Canadian Chiropractic Association*, March 26, 1963.

in the very existence of that group of practitioners here called chiropractor-naturopaths — persons who insisted they were both, or neither solely one nor the other. This has consequences which go beyond the matter of professional divisiveness, as has been recognized by the Board of Directors of Chiropractic in Ontario:

One problem of control which remains unsolved is that of dual registration wherein some chiropractors are also registered as drugless therapists (naturopaths) under The Drugless Practitioners Act. Disciplinary problems arise when a registrant claims to have done something within his practice rights as a drugless therapist rather than as a chiropractor.

Removal of the chiropractic profession from The Drugless Practitioners Act by means of a separate Chiropractic Act as proposed in 1957 would alleviate much of this problem. This Act should make a chiropractor under a Chiropractic Act responsible for all his professional ministrations.¹¹⁰

TABLE II-14
PERCENTAGE DISTRIBUTION OF PRACTITIONERS ACCORDING TO THEIR
UNDERSTANDING OF THE MOST IMPORTANT CONTRIBUTION
PROFESSIONAL ASSOCIATIONS MAKE TO THEIR HEALING ART

Contribution Professional Associations Make	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Education of practitioners	29	39	51	25	31
Unity within the profession	24	18	7	23	23
Public and interhealing art relations	9	3	5	6	8
Leadership and control of the profession	7	3	3		6
Improvement of legislation and government recognition	6	4	3	6	5
General improvement of the profession	4	6	4	6	4
Intra-profession communications .	4	7	4		4
Other contributions	5	7	7		5
No contributions	1			8	1
No response or irrelevant response	13	14	16	22	13
Total percentage ¹	102	101	100	101	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths, and osteopaths, 1962.

¹¹⁰ The Board of Directors of Chiropractic, Drugless Practitioners Act, a brief to the Royal Commission on Health Services, Toronto, 1962, paras. 40 and 41.

Such problems are controlled to some extent by the professional associations in chiropractic, and also by the existence of only one professional school in Canada. But these mechanisms require time to exert their influences, and there are some inherent organizational limitations which proscribe action.

Both the naturopaths and osteopaths have circumstances in common which have operated against professional cohesiveness. First there is the combination of relatively small numbers and the communications problems stemming from great geographical distances. The fact that most of the practitioners in these two groups were trained in the United States has also tended to perpetuate strong professional identifications with activities occurring in that country. As has been shown earlier, it is fairly common for professional groups on both sides of the border to come together for professional meetings; and there has been considerable dependence on professional publications originating in the United States. At the same time, it should be recognized that the publications in the 1960's of the *Canadian D.O.* and *The Canadian Journal of Naturopathic Medicine* may serve to alleviate some of the communications problems.

In another sector interview data seem to indicate the prolonged impact on practitioners from each of these health services of what they consider inappropriate legislation, which tends to reinforce certain tendencies toward individualism, as, for example, where awareness of the disparity between practice rights and professional training among the osteopaths has engendered a continuing discouragement among some practitioners concerning the long-range prospects for this health service in Canada.

Finally, in examining intra-professional relationships, if, as the survey data would seem to show, there is not complete agreement on the major contributions made by the professional associations, what are the specific shortcomings of these organizations?¹¹¹ Roughly one-half of the practitioners offered no criticism of their respective professional associations – although this varied among the healing arts, with the chiropractors and naturopaths being more disposed to criticism than were the osteopaths (Table II-15). Those criticisms made were more frequently levelled against the membership than against the organizations *per se* by both the chiropractors and naturopaths. The specific membership shortcoming most often mentioned – excluding all osteopaths – was a lack of unity among the membership, and some practitioners singled out insufficient membership and attendance at professional meetings as an associational problem. A few chiropractors also mentioned insufficient financial support, ethical weaknesses, and the unorthodox practices of some members as shortcomings of the professional associations within Canadian chiropractic.

The osteopaths and the chiropractor-naturopaths were more likely to point out organizational shortcomings than to note membership shortcomings. The specific points mentioned here were a lack of control over membership, executive inadequacies, failure at government liaison and support, poor public relations, and ineffectual organization.

¹¹¹ The question asked: "Do you feel there is any shortcoming in the professional associations in your healing art?"

TABLE II-15

PERCENTAGE DISTRIBUTION OF PRACTITIONERS ACCORDING TO THE
TYPES OF SHORTCOMINGS DISCERNED IN THEIR PROFESSIONAL ASSOCIATIONS

Shortcomings of Professional Associations	Health Service				
	Chiro.	Naturo.	Osteo.	C - N	Total
	%	%	%	%	%
Membership shortcomings:					
Lack of unity among membership.....	12	15		6	11
Insufficient membership and meeting attendance	9	11	7	3	8
Insufficient financial support .	3				2
Ethical shortcomings	1				1
Unorthodox practices of some members	1				1
Organizational shortcomings:					
Lack of control over membership.....	4			3	4
Executive inadequacies.....	3		7	6	3
Failure at government liaison and support.....	3		3		3
Poor public relations	3	7	3		3
Ineffectual organization	2	1		8	2
Other shortcomings	5	7	7	14	6
Unspecified shortcomings	4	6	3		4
No shortcomings or positive comments	44	43	58	50	45
No response or irrelevant comment	7	8	14	11	8
Total percentage	101 ¹	98	102	101	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

The general question of attitudes towards professional associations was explored further in personal interviews with officials from those organizations, recent licentiates, and senior persons from these healing arts. The chiropractors were slightly more critical of the national level of organization, but by-and-large comments were complimentary of all levels of organization. In contrast, the naturopaths found more fault with provincial naturopathic associations, and were generally well disposed toward the national counterpart. The osteopaths had a still different reaction: they were most pleased with the activities of their local organizations, and least with the national.

B. PRACTITIONER ATTITUDES TOWARD THE PROFESSION

Practitioner attitudes about their profession are not restricted to the aims and activities of their professional associations for there remain certain general reactions¹¹² to the experiences of being a healing arts practitioner; the level of personal satisfaction; that aspect of the profession found least satisfying; and, in contrast, that aspect of the profession found most satisfying.

The 1,060 practitioners were asked: "How satisfied are you, generally, with your profession, when you consider the expectations you had at the time you chose this profession?" and in reply a majority of practitioners said they were "very satisfied" (Table II-16). There were relatively few who were "not very satisfied;" the chiropractors seemed to be more generally satisfied than were the other groups — particularly the naturopaths.

TABLE II-16
PERCENTAGE DISTRIBUTION OF PRACTITIONERS ACCORDING
TO THE REPORTED LEVEL OF SATISFACTION WITH THEIR PROFESSION

Level of Satisfaction	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Very satisfied.....	56	44	51	56	55
Fairly satisfied	38	46	38	33	38
Not very satisfied	4	8	7	8	5
No response	2	1	4	3	2
Total percentage ¹	100	99	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

The most satisfying major aspect of their professional work, reported by two-thirds to three-fourths of each healing arts group, was their patients (Table II-17). Most prominent, when they were asked: "What aspect of your profession satisfies you the most — makes you most pleased to have chosen this profession?", were comments about "success with patients", and almost as many (again, more than one-fourth of the practitioners) mentioned the "ability to help patients where others have failed". Others listed closely related satisfactions such as the ability to cure or heal, service to humanity, relief of pain or symptoms, and the satisfaction of patients.

¹¹² The degree of satisfaction with the time demands associated with work is presented in Chapter III. The level of satisfaction with income, and the several elements contributing to that assessment, is discussed in Chapter VI.

TABLE II-17
PERCENTAGE DISTRIBUTION OF PRACTITIONERS ACCORDING
TO THE REPORTED ASPECT OF THEIR PROFESSION
WHICH SATISFIED THEM MOST

Most Satisfying Aspects of the Profession	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Patient-directed satisfactions:					
Success with patients	25	25	30	28	25
Ability to help patients where others have failed	16	20	19	17	16
Ability to cure or heal	14	14	5	8	13
Service to humanity	9	4	5	11	9
Relief of pain or symptoms	6	7	5	11	6
Satisfaction of patients	2	4	4	3	2
Profession-directed satisfactions:					
Unique contribution of the healing art	11	10	18	6	12
Self-directed satisfactions:					
Esteem, freedom, and financial return	7	3	4	3	6
Sense of accomplishment	5	6	1		5
Miscellaneous satisfactions	2	3	4	6	2
No response	3	6	4	8	3
Total percentage ¹	100	102	99	101	99
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Practitioners also referred to profession-directed satisfactions which they enjoyed from their life-work: nearly two-tenths of the osteopaths noted the unique contribution of their healing art, as did about one-tenth of the remaining groups. In addition, there were some who indicated self-directed satisfactions such as esteem from patients and public, freedom with work situations, financial return, as well as a personal sense of accomplishment.

But there were dissatisfactions for most, as well (Table II-18). The response given in reply to the question: "What aspect of your profession satisfies you the least; what is your biggest disappointment with your profession?" ranged between the infrequently mentioned complaint about financial return to the most noteworthy disappointment — lack of public recognition. When all the replies dealing with their own healing art and practice are considered, only about one-tenth of the practitioners mentioned (along with financial returns)¹¹³ the amount of work,¹¹⁴ ina-

¹¹³ Financial returns are discussed in detail in Chapter VI.

¹¹⁴ Amount of work is discussed in detail in Chapter III.

bility to establish a large and stable practice, narrowness of the profession, disappointing results with patients, ingratitude and un-co-operativeness of patients (Table II-18). About the same proportion of respondents mentioned interprofessional relations, that is, primarily, the lack of acceptance from practitioners in other health professions especially medicine; the exception was the osteopaths, who hardly noted this factor, while interprofessional relations received most frequent mention by the chiropractors. More practitioners listed intraprofessional relations, especially the lack of unity within the profession, the refusal to accept responsibility and, to a lesser extent, the marginality of some practitioners created by their poor training and unethical behaviour as sources of disappointment with their respective fields.

TABLE II-18
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
ACCORDING TO THE REPORTED ASPECT OF
THEIR PROFESSION WHICH SATISFIES THEM LEAST

Least Satisfying Aspect of the Profession	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Lack of public recognition	20	22	13	19	20
Legislation & governmental recognition	16	26	49	11	18
Intra-professional relations	17	13	14	14	17
Interprofessional relations	15	10	1	8	13
Healing art and practice	12	10	7	14	12
Other disappointments	2	3	1	8	3
No disappointments	8	6	8	11	8
No response	10	11	7	14	10
Total percentage ¹	100	101	100	99	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Even more respondents stated that inadequate legislation and lack of governmental recognition was a problem, but there were marked differences among the fields on this category of responses for nearly one-half of the osteopaths wrote about this as the least satisfying aspect of their profession, in contrast to about one-tenth of the chiropractor-naturopaths. Involved here are the lack of or unsatisfactory legal recognition, the scope of practice limitation, the denial of access to hospitals, the proscription from signing death certificates, the inability to prescribe drugs, the restriction on calling oneself by the title ‘doctor’, the lack of government subsidization, and the like.

Of greatest concern to the chiropractors was the lack of public recognition; fully one-fifth of them related this, as did the naturopaths and chiropractor-naturopaths. Public recognition, in the sense of poor public relations, poor public education, prestige, etc., was not such a great source of disappointment for the osteopaths.

C. THE PROFESSION AND PUBLIC RECOGNITION

Public recognition of these groups has at times been a vexing problem in Canada. In the previous section it was noted that practitioners are extremely aware of this and for many the lack of public recognition has been the greatest disappointment associated with practice in Canada; it was also noted that some practitioners blamed their professional associations for not doing more to enhance their relations with the public, while others laid the blame squarely with the individual practitioner. The earlier discussion about relationships within the profession, with other health professions and the government have indicated that problems in those sectors are inextricably bound up with how the public presumably reacts.

When the 1,060 practitioners were asked a direct question about this it is not surprising to learn that only a minority were "very satisfied" with community recognition (Table II-19).¹¹⁵ There was not very much difference among the groups in the proportions of respondents indicating they were "very satisfied", as it varied between about one-fifth and one-fourth of each group; at the other extreme, about as many were "not very satisfied" with their community recognition. Here there may be enough difference among the groups of practitioners to note that nearly one-third of the naturopaths as contrasted to one-fifth of the chiropractors were "not very satisfied". Respondents were most likely to indicate that they were "fairly satisfied". From this standpoint, then, it is a mixed picture. As far as his profession is concerned, one noted chiropractor has put the problem this way:

Chiropractic has had a stormy career due to the opposition, ridicule and legislative persecution brought to bear against its growth. Despite every effort to eradicate this newly rediscovered branch of generic medicine by those ignorant of the teachings and admonitions of the fathers of medicine, Aesculapius, Hippocrates, Galen, etc., chiropractic has continued to progress, to gain in public acceptance, to receive increased legislative recognition, to be accepted by some five-hundred insurance companies, Workmen's Compensation Boards, athletic teams, industries, and individuals in every walk of life. In fairness, it must be conceded that an element of derision was justly earned by the enthusiasm and often fanatic attitude of a segment of this new profession, who were not satisfied to earn progress, recognition and prestige but felt that tearing down of the older professions was a necessity to advancement.¹¹⁶

¹¹⁵ The question was phrased: "How satisfied are you that the people in your community give proper recognition to your profession?"

¹¹⁶ Homewood, A.E., "Chiropractic", *op. cit.*, pp. 165-173.

TABLE II-19
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
ACCORDING TO HOW SATISFIED THEY ARE WITH
THE COMMUNITY RECOGNITION GIVEN THEIR PROFESSION

Degree of Satisfaction With Community Recognition	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Very satisfied	26	19	23	25	25
Fairly satisfied	54	46	46	42	52
Not very satisfied	19	32	28	25	21
No response	1	3	3	8	2
Total percentage	100	100	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Public opinion surveys conducted in British Columbia in 1953 and 1955 showed that at least seven-tenths of the British Columbians sampled were in favour of providing chiropractic care for old age pensioners, of coverage by private health and accident plans, and of inclusion of chiropractic under any potential national health plan.¹¹⁷ More concretely, during the first quarter of 1963 the Co-operative Medical Services Federation of Ontario contracted with the Canadian Chiropractic Association, Ontario Division, to provide chiropractic care for participating members in four counties; this is a prepaid health care insurance plan with medical and surgical coverage as well.¹¹⁸

The other side of the "mixed picture" mentioned above may be seen in Quebec and in several of the Atlantic provinces where chiropractic has no legal recognition. According to the Canadian Chiropractic Association, "Lacking provincial legislation and licensing boards, the profession is prevented from ensuring the desirable high standards of chiropractic education, ability and professional ethics."¹¹⁹ Subsequent developments in Quebec may alter the legislative situation there where "a Justice of the Supreme Court has been appointed to undertake a study of chiropractic legislation in Canada and the United States . . . and make recommendations to the Quebec government regarding the type of legislation that should be passed in that province."¹²⁰ In addition, there are problems associated with the denial to chiropractors of access to tax-supported general hospitals, laboratories, rehabilitation centres and mental hospitals;¹²¹ there are problems associated with exclusion

¹¹⁷ Canadian Chiropractic Association, Brief, op. cit., para. 56.
¹¹⁸ Letter from the Executive Secretary, Canadian Chiropractic Association, April 11, 1963.
¹¹⁹ Canadian Chiropractic Association, Brief, op. cit., para. 58.
¹²⁰ Letter from the Executive Secretary, Canadian Chiropractic Association, April 11, 1963.
¹²¹ Canadian Chiropractic Association, Brief, op. cit., paras. 60 and 68.

of chiropractors from certain government financed health provisions for military personnel, Royal Canadian Mounted Police, Veteran's Affairs charges and the like.¹²²

According to the Canadian Naturopathic Association, "Public acceptance of Naturopathic Medicine has shown a steady growth over the past fifty years and most individuals throughout Canada today are cognizant of the nature of professional care in this particular field. This is evident in the legislative enactments of most of the provinces of Canada."¹²³ Seven private insurance companies, the Canadian Pacific Railway Employees Medical Services and the British Columbia Government Employees Medical Services, include naturopathic care coverage in their health services plans.¹²⁴

The relationship of the osteopathic profession to the public achieved a formal expression in Canada where in 1960 the Canadian Osteopathic Aid Society was formed under a federal charter "... to make osteopathic health care more readily available to the people of Canada."¹²⁵ The scope of interest of the Canadian Osteopathic Aid Society (C.O.A.S.) is broad:

To develop C.O.A.S. to its full potential in each of the provinces and to have each province represented on the Board of Directors. To encourage the enactment of practice laws in each province which will bring to the people the full benefit of osteopathy To support and encourage scholarships for Canadian students interested in preparing themselves to practice osteopathy in Canada. To assist in the establishment and operation of a college of osteopathy in Canada. To establish clinics in Canada where osteopathic care will be made available to under-privileged children and adults, especially victims of cerebral palsy.¹²⁶

Thus in some ways aims of this organization overlap other arrangements such as the Canadian Osteopathic Educational Trust Fund (described in Chapter V) and the Canadian Osteopathic Association itself (described earlier in this chapter). The Board of Directors is constituted of laymen, and the membership, which excludes osteopaths, has been enlisted in six provinces.¹²⁷ Most of the funds raised by the C.O.A.S. in a particular province have been slated for use in that province; in Quebec, for example, a clinic has been established for:

"... the exploration of the effectiveness of osteopathic manipulative approach in the neuro-muscular diseases that have resisted other methods of treatment.

¹²² *Ibid.*, para. 62.

¹²³ *Canadian Naturopathic Association, A Brief Respecting National Health Services, op. cit.*, para. xv.

¹²⁴ Letter from the Archivist, *Canadian Naturopathic Association*, October 3, 1962.

¹²⁵ The precursors to this national organization was the Citizen's Association for Osteopathy going back a number of years in Quebec and Saskatchewan. "Osteopathic Milestone Citizens Move to Protect Future," *Canadian D.O.*, Vol. 1, No. 1, January 1961, p. 1.

¹²⁶ *Ibid.*, p. 2.

¹²⁷ "COAS Membership," *Canadian D.O.*, Vol. 1, No. 3, June 1961, p. 10.

Handicapped persons, especially cerebral palsy children, adults with multiple sclerosis, muscular dystrophy, progressive muscular atrophy, etc., are being managed with some excitingly encouraging results.”¹²⁸

Further, in 1962 the Saskatchewan Division of the Canadian Osteopathic Aid Society presented a brief to the Royal Commission on Health Services,¹²⁹ and early in 1963 New Brunswick and Saskatchewan C.O.A.S. members were reported attempting to obtain the services of additional osteopaths for those provinces.¹³⁰ In this regard, according to a president of the Canadian Osteopathic Aid Society:

“It is realized that there are many open opportunities for osteopathic physicians in the United States where adequate practice acts and excellent hospitals await them. We, the people of Canada who desire osteopathic health services, must create similar opportunities in Canada....”¹³¹

It is evident that the osteopathic profession, like the other healing arts, in continuing efforts to gain public recognition in recent years has achieved support from segments of the Canadian population.

¹²⁸ “COAS Opens First Osteopathic Clinic”, *Canadian D.O.*, Vol. 1, No. 5, December 1961, p. 10.

¹²⁹ *Canadian Osteopathic Aid Society, Saskatchewan Division*, brief presented to the Royal Commission on Health Services, Regina, January 1962.

¹³⁰ “COAS”, *Canadian D.O.*, Vol. 3, No. 1, March 1963, p. 5.

¹³¹ *Ibid.*, p. 5.

MANPOWER SUPPLY AND DEMAND

Chapters I and II have provided the background of this study by beginning with a brief history of the three professions, continuing with a comparative analysis of the legislation governing those three healing arts, and concluding with an examination of their relative professional statuses; this chapter will turn to a study of particular characteristics of the practitioners themselves and their practices.

A. SUPPLY: THE PRACTITIONERS

Data concerning the problem of supply and demand in the professions of chiropractic, naturopathy and osteopathy, the subject to be dealt with in this chapter, was no less difficult to obtain than the material used to reconstruct their respective histories since the data required for this part of the study were not readily available from either public or private sources and had to be assembled especially for this Royal Commission study.

The Number of Practitioners

How many chiropractors, naturopaths, and osteopaths are there in Canada who are actively engaged in diagnosing and treating Canadians?¹ Ordinarily the most reputable source of such demographic data is the Dominion Bureau of Statistics. Unfortunately, data bearing on the health services studied here were collected in such a way that it is only possible to infer very crude trends over time (Appendix Table III-1). For data on numbers of practitioners in each of these fields, this study depends, therefore, on information compiled and submitted by their respective professional associations and on the returns of a questionnaire prepared for this study.

¹ Since this study for the Royal Commission is concerned primarily with those practitioners currently in practice, either full-time or part-time, this discussion of manpower supply and demand excludes from consideration those chiropractors, naturopaths and osteopaths who were not practising at the time of this survey. In contrast, in Chapter I, great reliance was placed on these senior professionals as data sources, even if they were retired.

The Canadian Chiropractic Association in its brief to the Royal Commission on Health Services² stated that: "In 1943 there were 668 Doctors of Chiropractic actively engaged in practice in Canada. In 1951 the number was approximately 742. As of December 31st, 1961, our numbers total 1,073..."³ (Table III-1).

The number of osteopathic practitioners in Canada is less than one-tenth the number of chiropractors.

The professional *Directory* of the Canadian Osteopathic Association for July, 1962, lists both Association and non-association practitioners and shows 105 osteopaths with Canadian addresses (see Table III-1 for the provincial distribution of osteopaths). There is evidence noted below that at least 15 of this number were not then in practice in Canada.⁴ It seems reasonable to consider 90 to be the approximate maximum number of osteopaths actively practising in 1962.

The number of naturopathic practitioners in Canada is most difficult to estimate. One of the factors contributing to this difficulty is that of 'overlap'. A number of practitioners are members of both the chiropractic and naturopathic national associations or are registered with two professional boards – as in Ontario – and some refer to themselves as members of both professions. Another problem is simply the difference between the total number of naturopathic practitioners noted by the Canadian Naturopathic Association in its brief to the Royal Commission on Health Services and the number listed in the official rosters provided by that Association submitted early in 1962. The Association's brief

² Canadian Chiropractic Association, brief to the Royal Commission on Health Services, Toronto, May 1962, p. 10.

³ This total should be compared to the official rosters of professional association members and non-members, presumably residing in Canada, provided by the Canadian Chiropractic Association early in 1962. The following tabulation provides an inter-provincial comparison of these two data sources:

Number of Chiropractors			Number of Chiropractors		
Prov.	C.C.A. Brief	C.C.A. Rosters	Prov.	C.C.A. Brief	C.C.A. Rosters
Newfoundland	1	0	Ontario	450	550
Prince Edward Island	1	0	Manitoba	42	42
Nova Scotia	20	14	Saskatchewan	36	33
New Brunswick	14	14	Alberta	121	123
Quebec	240	218	British Columbia	148	148

It may be seen that the Canadian Chiropractic Association roster data total 1,142 Canadian resident chiropractors.

Further evidence of the difficulties encountered in achieving accurate totals may be seen in the instance of Quebec where there were in 1961 "nearly 300 chiropractors attending to" patients in that province, according to Collège des chiropraticiens de la province de Québec, *Mémoire*, February 1961, p. 5.

⁴ See the discussion later in this chapter concerning the response osteopaths and other practitioners made to the Royal Commission on Health Services survey of 1962.

TABLE III-1

NUMBER OF PRACTITIONERS AS REPORTED BY THEIR NATIONAL ASSOCIATIONS
AND NUMBER OF SURVEY QUESTIONNAIRES
RETURNED TO THE ROYAL COMMISSION ON HEALTH SERVICES IN 1962, BY PROVINCE

Province	Chiropractors		Naturopaths		Osteopaths		Chiropractor- Naturopaths
	C.C.A. Brief ¹	Survey Returns ²	C.N.A. Rosters ³	Survey Returns ²	C.O.A. Directory ⁴	Survey Returns ²	
Newfoundland.....	1	3	0	0	0	0	0
Prince Edward Island.....	1	1	0	0	0	0	0
Nova Scotia.....	20	8	2	1	3	3	0
New Brunswick.....	14	11	0	0	2	0	0
Québec.....	240	164	6	4	7	7	7
Ontario.....	450	391	168	16	74	48	21
Manitoba.....	42	38	15	10	4	3	0
Saskatchewan.....	36	33	3	2	2	2	0
Alberta.....	121	92	18	12	3	2	3
British Columbia.....	148	130	31	22	10	7	0
Province not indicated ²		7		5		2	5
Totals (Canada).....	1,073	878	243	72	105	74	36

¹ *Canadian Chiropractic Association*, brief to the Royal Commission on Health Services, Toronto, May 1962, p. 10.

² Number of Royal Commission on Health Services questionnaires returned by practitioners, June-September, 1962; this does not include seven chiropractor, five naturopath, two osteopath and five chiropractor-naturopath questionnaires on which the province of practice was not indicated.

³ Official rosters of professional association members and non-members presumably residing in Canada, provided by the Canadian Naturopathic Association early in 1962.

⁴ Canadian Osteopathic Association, 1962 *Directory*, Montreal, July, 1962.

refers to "... some five hundred practitioners in Canada, ...";⁵ the official rosters list 243 naturopath practitioners with Canadian addresses (Table III-1).

There is a further problem of numbers. It was the original intention of this study to examine and compare three health services – chiropractic, naturopathy, and osteopathy. As mentioned above, certain practitioners were unable, however, for whatever reasons, to identify themselves either as chiropractors or naturopaths.⁶ This group insisted upon referring to themselves as both, and as a consequence another small category was created for the purposes of this study; this is the "chiropractor-naturopath" group of some thirty-six surveyed practitioners shown in Table III-1.

The Royal Commission on Health Services survey aimed to have as many practitioners as possible fill out and return questionnaires⁷ in order to obtain data on all practising chiropractors, naturopaths and osteopaths in Canada. If there could be confidence that every active practitioner had been contacted and had then responded, this number of survey respondents would equal the total number of current practitioners; and the survey totals of 878 chiropractors, 72 naturopaths, 74 osteopaths and 36 chiropractor-naturopaths would serve as the answer to the question of numbers posed earlier in this chapter. Such is not the case.

It is evident, however, that most practitioners responded. In the instance of the osteopaths, there is fairly accurate data to the effect that no more than 90 osteopaths were practising in Canada in 1962.⁸ Of this number, 74 – or 82.2 per cent – identified themselves by returning completed questionnaires.

⁵ *Canadian Naturopathic Association*, brief *Respecting National Health Services*, to the Royal Commission on Health Services, Vancouver, 1962, p. 3.

⁶ It is, in a sense, an oversimplification to refer to certain practitioners in an either/or fashion, to refer to some practitioners who identify themselves as 'chiropractors' as though they were exclusively this, when in fact they make use of certain naturopathic practices to varying degree. The extreme example of this, of course, is the 'chiropractor-naturopath'. Understandably this is most likely to occur in those provinces where there is no licensure, or where dual registration is possible, or where chiropractic is not narrowly defined as to scope of practice. This is recognized by one spokesman for the naturopathic profession:

Many registrants under the drugless therapist-naturopath classification in the regulations under the Drugless Practitioners' Act consisted of chiropractors who did not confine their methods of treatment to the spine alone but treated more broadly, using many of the methods as taught in colleges of naturopathy, but which are not generally included in the chiropractic curriculum. (*Submission by Dr. Victor Tomlin to Minister of Health, Province of Ontario; Sept., 1959*).

This overlap between chiropractic and naturopathy practices very likely accounts for the overlap in the lists provided by the chiropractic and naturopathic associations and accounts, in part, for the discrepancy in numbers of naturopaths variously reported and the number discovered in the Royal Commission survey.

⁷ A number of questionnaires were returned by persons considered to be out of the scope of this research – e.g., retired practitioners. For present purposes these have been put aside.

⁸ This statement is based on the following factors. The questionnaire survey undertaken for the Royal Commission on Health Services had the endorsement and co-operation of the Canadian Osteopathic Association – as was true of the other professional associations – in an effort to obtain a completed questionnaire from each practitioner in that profession in Canada. Correspondence with local and provincial representatives of the osteopathic profession yielded the information that at least 15 of the 105 osteopaths 'residing in Canada', persons listed in the Canadian Osteopathic Association 1962 *Directory*, are now retired, re-located out of the country or, for some other reason, not practising. Obviously so small a total number of practitioners and effective associational communications made it somewhat easier to establish a workable osteopathy total.

With chiropractic there is also some consistency between numbers of practitioners reported by the national association and the survey returns.⁹ Using the total of 1,073 practitioners reported to be practising in 1962 in the brief of the Canadian Chiropractic Association as a base, and by adding together the 878 chiropractor respondents and the 36 chiropractor-naturopath respondents,¹⁰ it may be seen that completed questionnaires for the Royal Commission survey were returned by 85.2 per cent of the Canadian Chiropractic Association total.

As suggested earlier, there is a discrepancy between the estimates of the Canadian Naturopathic Association concerning their members recently in practice and the number of questionnaires received from naturopaths. A questionnaire was mailed to every person listed as a practitioner by the Canadian Naturopathic Association involving a total of 243 persons with Canadian addresses. Despite a considerable effort,¹¹ a total of only 108 completed questionnaires were received from practitioners who identified themselves as either naturopaths (72) or chiropractor-naturopaths (36). As noted earlier, questionnaires sent to the chiropractors and osteopaths resulted in response rates of 82 per cent and 85 per cent respectively. Using these response rates as plausible estimates of the response rate for the naturopaths, an estimate of the number of practising naturopaths and 'partial' naturopaths would be between 125-130 practitioners in Canada.

For discussion purposes, then, it is assumed that 1,073 chiropractors, 139 naturopaths and 90 osteopaths constitute crude estimates of the maximum number of practising personnel in Canada. The 1962 ratios of such practitioners to the Canadian population are approximately:

<i>Health Service</i>	<i>Practitioner-Population Ratio</i>
Chiropractors	1 : 17,000 ¹
Naturopaths	1 : 140,000
Osteopaths	1 : 202,000 ²

¹ This Canadian ratio for the chiropractors is less than one-half that of the United States.

² This Canadian ratio for the osteopaths is about one-twelfth that of the United States.

⁹ The total number of chiropractic survey returns — 878 — plus the number of known probable chiropractic non-respondents — 164 — equals 1,042. If to this is added a portion of the 21 known probable chiropractor-naturopath non-respondents a total number may be derived which approaches the 1,073 practitioners reported practising by the brief of the Canadian Chiropractic Association for 1962. It must be remembered, however, that this is possibly an over-estimation of the number of chiropractors practising in 1962; thus 1,073 is a maximum number. A certain number of practitioners, who may or may not be practising in each of the four professional categories, were reported to be in Canada but do not appear to have submitted completed questionnaires; at least they did not indicate by postal cards that a completed questionnaire was submitted. These include 164 who are probably chiropractors, 13 who are probably naturopaths, 23 osteopaths and 21 who are either chiropractors, naturopaths or chiropractor-naturopaths. One reason for the degree of uncertainty as to their professional affiliation is the inability to predict with accuracy an individual's profession from his listing on a chiropractic or naturopathic mailing or membership list; this original overlap group numbered 163 practitioners.

¹⁰ The survey returns classified as 'chiropractor-naturopaths' may be added to both chiropractic and naturopathic groups.

¹¹ As with the other healing arts, each questionnaire was accompanied by a covering letter from the President of the national association, which urged the co-operation of the practitioner. Thereafter three follow-up contacts were made in an effort to elicit response.

It must be remembered that these ratios are for the entire nation; it is quite evident from Table III-1 that such ratios would not hold for any given province as the densities of practitioners vary greatly among the provinces.

Rural-urban Differentials in Location of Practice

The results of the Royal Commission questionnaire survey indicate that chiropractic, naturopathic and osteopathic practitioners are located in communities of every size. But their proportions are exceedingly small in communities of less than 5,000 population. Moreover, as Table III-2 shows, there is a distinct tendency for these practitioners to be situated in the larger cities. The distribution ranges from four-tenths of the chiropractors to seven-tenths of the osteopaths who are located in cities with population in excess of 100,000. Thus naturopathic and osteopathic practices are more apt to be concentrated in the large urban areas than are those of the chiropractors.

Years in Practice

The osteopaths in Canada, who on an average are generally the oldest of the practitioners studied, have been practising longest (Table III-3). Almost two-thirds of the osteopathic practitioners have been in practice for over 25 years – some as long as 40 years or more.¹² In marked contrast, over one-quarter of the chiropractors had been practising for five years or less, so chiropractic is the occupation which has been most likely to add to its numbers in recent years. In this regard naturopathy, which stands between osteopathy and chiropractic in terms of years in practice, is more like the former than the latter.

Practice Mobility

Just as the osteopaths have, on the average, longer-established practices, so have they tended to remain longest at their present practice sites (Appendix Table III-2);¹³ a larger proportion of chiropractors have changed their present practice location than is true for the other groups. In addition, it appears that just under half of those practitioners who have been in Canadian practice for over 25 years have moved at least once during that time – a finding which suggests little mobility.

Moreover, the majority of Canadian chiropractic, naturopathic and osteopathic practitioners have always practised in the community in which their practice is now situated (Appendix Table III-3).¹⁴ The osteopaths appear to have been the least mobile in this regard, the chiropractor-naturopaths the most mobile group, but on the whole, it appears that these practitioners have not been very mobile geographically.

¹² This shows the historical trend noted in Chapter I concerning osteopathy in Canada.

¹³ Practitioners were asked: "For how many years have you been in practice at your present post office address?"

¹⁴ Practitioners were queried: "In how many different cities, towns and villages in Canada have you practised, including your present practice?"

TABLE III-2
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE SIZE
OF THE COMMUNITY OR CITY IN WHICH THEY PRACTICE

Size of Community or City	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Rural area.....	1	3			1
Town or village of less than 2,000.....	2	4	4		2
2,000 to 4,999 population.....	11	3		8	10
5,000 to 9,999 population.....	10	3	3	6	9
10,000 to 19,999	11	13	8	11	11
20,000 to 49,999	14	7	19	19	14
50,000 to 99,999	8	3	7		7
100,000 to 249,999	7	19	18	3	8
250,000 and larger	35	44	42	53	37
No response	1	1			1
Total percentage ¹	100	100	101	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

TABLE III-3
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THEIR
NUMBER OF YEARS OF PRACTICE IN CANADA

Number of Years of Practice in Canada	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Less than one year.....	3	1	3	3	3
One or two years	9	1	1		8
3 to 5 years	16	4		8	14
6 to 10 years	23	7	4	28	21
11 to 15 years	30	26	1	17	27
16 to 20 years	3	10	12		4
21 to 25 years	3	13	15	8	5
Over 25 years.....	13	35	64	31	19
No response		3		6	
Total percentage ¹	100	100	100	101	101
Total practitioners.....	(878)	(72)	(74)	(36)	(1,060)

¹Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

An elaboration of the extent of practice mobility can be gained by noting (1) the frequency with which practitioners report having moved from one province to another, and (2) the frequency with which chiropractors, naturopaths and osteopaths have practised in another country. From less than one-tenth of the chiropractors to nearly two-tenths of the naturopaths reported that they have moved their practice from one province to another.¹⁵ This form of practice mobility may be relatively low because of the inter-provincial variations in legislation concerning licensing for these groups, as well as the fee costs involved in obtaining licensure in those provinces which provide it.

In absolute numbers, not very many present-day Canadian practitioners have practised in other countries — which holds true for both before and after the start of their practice in Canada. In all, 5 per cent of the chiropractors, 12 per cent of the naturopaths, 19 per cent of the osteopaths, and 13 per cent of the chiropractor-naturopaths practising in Canada reported having once practised in the United States. Furthermore, only about one per cent of the chiropractors and the osteopaths reported having practised abroad in either France, England, India, South Africa, Australia, or Germany whereas 10 per cent of the naturopaths reported having practised in either Egypt, Wales, Germany, Mexico, or Austria. Noteworthy here, of course, is the naturopathic profession whose practice experience is most international, in contrast to the osteopaths where such experience has been confined largely to the United States and doubtless refers mainly to periods of postgraduate hospital internship there. Finally, it should be noted as a general conclusion that about 91 per cent of the 1,060 practitioners who submitted questionnaires reported that they had practised only in Canada; most of those who practised outside the country did so in the United States.

Type of Practice

Chiropractors, naturopaths and osteopaths generally practise alone (Table III-4) between three-quarters and four-fifths of the practitioners in each of the four categories reported that they engaged in solo practices. The only groups which reported three or more person groups to any noticeable extent — about one in ten — were the naturopaths and the chiropractor-naturopaths.

The matter of full- and part-time practice is of considerable interest. Most of the practitioners surveyed are in full-time practice (Table III-5); but 10 per cent of the chiropractors, 20 per cent of the naturopaths, 18 per cent of the osteopaths, and 11 per cent of the chiropractor-naturopaths stated that they were practising part-time. To a large extent these data may reflect the age characteristics of these healing arts practitioners. As noted below, the ranks of naturopaths and osteopaths in Canada are partly filled with an aging group of practitioners but the fact that about one-fifth of these two groups practise only part-time may also reflect a tendency to retire at a more mature age than is customary in some other occupations. Or part-time practice may in some instances reflect a demand for services.

¹⁵ Complete data on the naturopaths and chiropractor-naturopaths on this particular item are not available because of the high rates — one out of ten for the former, and one out of seven for the latter — of no response to the question for these two groups.

TABLE III-4
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE TYPE
OF PRACTICE IN WHICH THEY ENGAGE

Type of Practice	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Solo practice	82	78	81	75	81
Two-person group	16	13	18	14	16
Three-person group	2	4		3	2
Group of four or more	1	4	1	8	1
Other		1			
Total percentage ¹	101	100	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Percentage does not total 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

The practitioners were asked whether they had always been in the type of practice in which they presently found themselves, that is, full-time or part-time practice (Table III-5). A majority – approximately four-fifths – of the practitioners had always practised full-time; however, the naturopaths were more likely to have been in part-time practice at some time or other.

TABLE III-5
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THEIR HISTORY OF FULL-
AND PART-TIME PRACTICE INVOLVEMENT

Practice History	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Always practised part-time	3	1	3		3
Always practised full-time	85	74	82	81	84
Now in part-time practice but used to practise full-time	7	18	14	11	9
Now in full-time practice but used to practise part-time	4	6	1	8	4
Other		1 ¹			
No response	1				
Total percentage	100	100	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Indicates a 'recent licentiate' whose practice is just beginning.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Personal Characteristics of Practitioners

There is a considerable difference among the health services under study in age distributions. The chiropractic profession in Canada, and similarly the chiropractor-naturopath group, is composed of relatively young persons (Table III-6). About 15 per cent of the chiropractors indicated that they were less than 30 years of age, while none of the naturopaths or osteopaths reported themselves as being less than 30 years old. Furthermore, over half of the chiropractors in Canada were under 40 years of age while a little more than one-tenth were 60 or more years of age. By contrast, four-tenths of the osteopaths were 60 or over.¹⁶

Most of these practitioners were men. A total of only 58 of the 1,060 practitioners studied were women – nearly 5 per cent of the chiropractors, over 8 per cent of the naturopaths, nearly 10 per cent of the osteopaths and 11 per cent of the chiropractor-naturopaths.

TABLE III-6
PERCENTAGE DISTRIBUTION OF THE PRACTITIONERS BY AGE

Age Categories	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
29 or younger	15			6	13
30 to 39	42	11	4	17	36
40 to 49	25	26	19	33	25
50 to 59	8	24	38	11	11
60 to 69	6	31	19	25	9
70 or over	5	8	20	8	6
Total percentage ¹	101	100	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Over four-fifths of the practitioners were born in Canada, however, there are considerable variations among the professions (Table III-7). Nearly two-fifths of the naturopaths, for example, indicated that their place of birth was not in Canada or the United States; the questionnaire did not request their exact country of origin, but other information – for example, countries in which the practitioner has practised – suggests Central and Northwestern Europe as the most likely place. Over one-fifth of the osteopaths and nearly that proportion of the chiropractor-naturopaths were born in the United States.

¹⁶ This age distribution no doubt has some bearing on the interview comments of a number of Canadian osteopaths that the practice of their profession in Canada has become increasingly unattractive; most certainly, it is consistent with the general optimism found among many chiropractors with regard to the future of chiropractic in Canada.

B. DEMAND: THE PATIENTS

Number of Patients

At mid-century not very many Canadians were treated by these health services. In the Canadian Sickness Survey of 1950-51 it is reported that only slightly over one and one-half per cent (1.56 per cent) of the Canadian population indicated obtaining health care services from a miscellaneous group of healing arts including chiropractic, naturopathy, osteopathy, chiropody, homeopathy, physiotherapy, etc., as shown in the following tabulation:¹⁷

Type of Health Care	Canadians Reporting Health Care	
	Number of Persons	Rate/1000 Population
Any Misc. Health Care ¹	211,000	15.6
Chiropractic	128,000	9.5
Other (incl. naturopathy, osteopathy, etc.)		
misc. health care	87,000	6.4
Medical care (excl. hosp. care)	5,851,000	432.0

¹ The Department of National Health and Welfare and the Dominion Bureau of Statistics, *Illness and Health Care in Canada, Canadian Sickness Survey, 1950-51*, Ottawa, 1960.

A record was also kept of health care which was not given in a hospital and which was not given by a qualified medical doctor, nurse, dentist, optometrist, or optician. Such miscellaneous health care included services performed by persons with formal qualifications as chiropodists, chiropractors, herbalists, homeopaths, naturopaths, osteopaths, and physiotherapists, as well as by other practitioners such as faith healers, bone doctors, etc. Miscellaneous health care treatments were measured by the number of visits for treatment, examination, or prescription made by patients to practitioners or vice versa."

Source: The Department of National Health and Welfare and the Dominion Bureau of Statistics, *Illness and Health Care in Canada, Canadian Sickness Survey, 1950-51*, Ottawa, 1960, Table 113, "Miscellaneous Health Care, by Type of Treatment and Sex", p. 193; and Table 57, "Physicians' Office and Home Calls and Clinic Visits, by Age and Sex", p. 156.

In that same year, 43.2 per cent of the Canadian population indicated obtaining health care services from medical practitioners.

¹⁷ Very regrettably such data for 1960-61 are not available from government sources. As noted in the introduction to the 1950-51 study, however:

"It is felt that even today most of the results of the survey are still timely and valid. Although the population in 1959 exceeds the one covered by the survey by about four million thus adding close to 30 per cent to the total volume of sickness, care and expenditure, it is probably safe to assume that the patterns as expressed in averages, rates and percentages distributions will not be changed to an extent which would invalidate the findings. . ."

Source: The Department of National Health and Welfare and the Dominion Bureau of Statistics, *Illness and Health Care in Canada, Canadian Sickness Survey, 1950-51*, Ottawa: The Queen's Printer, 1960, p. 18.

TABLE III-7
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE
COUNTRY OF THEIR BIRTH

Country of Birth	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Canada	87	49	70	67	83
U.S.A.	6	12	22	19	8
Other	7	38	8	14	10
No response		1			
Total percentage ¹	100	100	100	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Focusing on the chiropractic group for which separate information was available the data indicate that approximately three-fifths of those persons using "miscellaneous health care" used chiropractic; or slightly less than one per cent of Canadians reported use of chiropractic care in the 1950-51 time period. Ten years later the Canadian Chiropractic Association reported: "It is conservatively estimated that 40 per cent of the people of Canada have utilised the service of chiropractors. [Presumably this refers to a cumulative total over the years.] In 1961, the number of Canadians seeking chiropractic care for the first time totalled approximately 300,000. . ."¹⁸ Comparing this last mentioned number to the number of persons who reported chiropractic care ten years earlier (128,000), shown in the tabulation immediately above, it may be seen that during this ten-year period such care is contended to have more than doubled. This rate of growth in patient demand, if accurate, represents a greater rate of increase than the rate of growth of the nation's population, which was about one and one-half times during the same period.

According to divisional briefs of the Canadian Chiropractic Association, the estimated total number of patients for the years 1960 or 1961 was 135,420 in British Columbia, 112,320 in Alberta, 11,730 in New Brunswick and 21,000 in Nova Scotia, for a total of 280,470.¹⁹ These four provinces account for approximately one-fifth of the nation's population. If it can be assumed that these four provinces have approximately one-fifth of the total number of different chiropractic patients then an extrapolation yields a total of more than 1.1 million Canadians who may have undergone chiropractic care during a single year's time. This, of course,

¹⁸ Canadian Chiropractic Association, *op. cit.*, p. 20.

¹⁹ Canadian Chiropractic Association, *British Columbia Division*, brief to the Royal Commission on Health Services, Toronto, May 1962; *Canadian Chiropractic Association, Alberta Division*, brief to the Royal Commission on Health Services, Toronto, May 1962; *Canadian Chiropractic Association, Maritime Division*, brief to the Royal Commission on Health Services, Toronto, May 1962.

would represent a patient demand in excess of eight times the rate reported by the Canadian Sickness Survey in 1950-51, and it would indicate that yearly more than 75 out of every 1,000 Canadians received treatment from chiropractors in the 1960-61 period.

According to the Canadian Osteopathic Aid Society,²⁰“In Canada approximately 100,000 people visit osteopathic physicians annually.” This was reported for the year 1961. Unfortunately, this probably refers to the total number of patient visits during a given year, so that it is impossible to make realistic comparisons with the Canadian Sickness Survey data noted above.

Number of Office Calls, Home Calls, and Clinic Visits

The 1950-51 Sickness Survey also provided information on the number of office and home calls and clinic visits of these practitioners as is shown in the following tabulation.²¹

PRACTITIONER CALLS OR VISITS REPORTED BY CANADIANS

Type of Health Care	Number of Calls or Visits	Rate/1,000 Population	Rate/1,000 Persons Reporting Calls or Visits
Any misc. health care	1,827,000	135	8,656
Chiropractic.....	962,000	71	7,501
Other misc. (incl. naturopathy, osteopathy, etc.)	865,000	64	9,956
Medical care (excl. hospital care).....	24,176,000	1,786	4,132

Source: The Department of National Health and Welfare and the Dominion Bureau of Statistics, *Illness and Health Care in Canada, Canadian Sickness Survey, 1950-51*, Ottawa: 1960, pp. 156 and 193.

Those persons using “miscellaneous health care” in 1950-51, on the average visited or were visited by practitioners of the various healing arts over eight and one-half times, as compared with visits to or by medical practitioners of over four times during the year. Noting chiropractic care in particular, the number of calls or visits was reported to have nearly quadrupled ten years later. According to the Canadian Chiropractic Association: “. . .in that year [1961] approximately 3,700,000 chiropractic treatments were rendered by members of our profession across Canada.”²²

²⁰ Canadian Osteopathic Aid Society, *Canadian D.O.*, Vol. 1, No. 2, March 1961, p. 20.
²¹ The scope of the Royal Commission on Health Services studies precluded the collection of precisely comparable patient demand data in 1962.
²² *Canadian Chiropractic Association, op. cit.*, p. 20.

There are also some limited trend data available for the provinces of Alberta and Nova Scotia which demonstrate increases in patient demand. Surveys were taken by the respective provincial chiropractic associations in those provinces both in 1956 and 1961.²³ Without noting the specific totals, these trends show approximately a twofold increase over 1956 in the total number of office calls in Alberta, a one-twentieth increase in Nova Scotia. The total number of house calls made by chiropractors in Alberta increased by two-thirds in that period, and by one-fourth in Nova Scotia. The total number of chiropractic patients attended and the total number of patients new to chiropractic reportedly increased by about two-thirds in Alberta between 1956 and 1961, and about seven-tenths in Nova Scotia. In most instances these increases exceed population growth in these provinces. Furthermore, using the total number (742) of practising chiropractors cited earlier in this chapter for the year 1951, the Canadian Sickness Survey data suggest that each chiropractor on the average saw about 172 *different* patients in one year, and each chiropractor provided about 1,027 treatments per year.²⁴ If we assume a five-day work week for eleven and one-half months per year there would be about 250 working days per year, and a rough average of about four treatments per day per practitioner, or an average total of roughly 3,000 chiropractic treatments given daily.

Average Number of Patients Seen Per Week

Table III-8 presents a distribution of the responses given by 1,060 chiropractic, naturopathic and osteopathic practitioners to a question about the average number of patients they see per week, including both office and house calls.²⁵ For three of the groups (excluding naturopaths) of practitioners the average or median number of patients seen falls in the 56 to 70 patients per week category. This, of course, does not necessarily refer to 56 to 70 different patients. Some patients may see the practitioner only once, others several times per week.

²³ *Ibid.*

²⁴ In 1961 it was reported by provincial chiropractic associations that in British Columbia 915 different patients were seen each year per practitioner and 782 in New Brunswick; this would constitute about a fivefold increase over the 1951 data cited in the Canadian Sickness Survey. These data may be compared with evidence presented by the Canadian Chiropractic Association before the Standing Committee on Veterans Affairs, House of Commons, Third Session — Twenty-fourth Parliament, March 10, 1960:

"Today there are more than 27,500 treatments given daily in this Dominion. Of this number, it may be estimated conservatively that ten per cent are administered to new patients. [We can assume about 1,000 Canadian Chiropractors in 1960.]

In a survey conducted by an independent business and economic research company at the request of the Canadian Chiropractic Association in 1956, it was reliably estimated that some 2,567,000 patients were treated in 1955 by the chiropractic profession in Canada."

"The survey revealed from its study that the average chiropractic practitioner in Canada accepts, at the present time, approximately 26 new patients every month, or 312 per year. The annual increase in the number of new patients is currently, therefore, about 250,000 on the basis of these figures and represents an annual increase of about 9.7 per cent." (*Minutes of Proceedings and Evidence No. 1, "Estimates of the Department of Veterans Affairs 1960-61"*, Ottawa, 1960, p. 28.)

²⁵ The question asked: "On the average, about how many patients do you see each week (including both home and office calls)?"

TABLE III-8
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE AVERAGE
NUMBER OF PATIENTS SEEN PER WEEK

Average Number of Patients Per Week	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Fewer than 10	3	1	8		3
11 to 25.....	10	25	8	8	11
26 to 40.....	13	18	15	14	14
41 to 55.....	15	14	18	11	15
56 to 70.....	15	11	15	17	15
71 to 85.....	10	4	8	14	9
86 to 100.....	10	7	4	14	10
101 to 125.....	10	8	11	8	10
126 to 150.....	7	1	7	6	6
Over 150.....	6	7	3	8	6
No response	1	3	4		2
Total percentage	100	99 ¹	101	100	101
Total practitioners.....	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Just over one-fourth of all practitioners reportedly see 25 or fewer patients per week, and at the other extreme, over one-fifth indicated seeing 100 or more patients per week. Because of the preponderance of chiropractors in the total group of practitioners, however, separate attention should be given to each of these health services. Upon examination of this table it is interesting to note the variation that exists among professional categories: for example, half the proportion of chiropractor-naturopaths see forty or fewer patients per week as compared to 44 per cent of naturopaths. With those practitioners who see 100 or more patients per week, the highest frequency is found among chiropractors, nearly one-fourth of whom see over 100 patients a week, and the lowest among the naturopaths. This again shows the highest demand rate for chiropractic services, and the lowest for naturopathic services. Of course it must be remembered that sizeable portions of the naturopaths and osteopaths are in part-time practice and this would obviously affect patients demand as measured by the average number of patients seen per week. What do practitioners think of the utilization rate for their services?

Reactions to work load were explored with the question: "How satisfied are you with the amount of time you must devote to your job?" Equally among all of the practitioners studied there were few who said they were "not very satisfied" (Table III-9). At the other extreme, however, there are some differences among the professional groups; over three-fourths of the osteopaths indicated that they were

“very satisfied” with the amount of time required of them to devote to their practice, as compared to somewhat over one-half of the naturopaths. Thus the naturopaths were more disposed to say they were “fairly satisfied” than were the other groups, suggesting less satisfaction.

TABLE III-9
PERCENTAGE DISTRIBUTION OF PRACTITIONERS ACCORDING
TO THEIR REPORTED SATISFACTION WITH AMOUNT
OF TIME THEY MUST DEVOTE TO WORK

Satisfaction With Work Time	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Very satisfied	70	54	77	75	70
Fairly satisfied	26	42	16	22	26
Not very satisfied	3	3	4	3	3
No response	1	1	3	—	1
Total percentage	100	100	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Patient Distribution by Sex

Who has been making use of the services of these practitioners? A majority of practitioners (69 per cent) reported that about half of their patients were males, half females. Of the remainder, about one-tenth reported that the majority of their patients were males while about one-fifth said that they treated more females than males (Table III-10). As more practitioners reported that their patient loads include fewer males than females it can be concluded that these services are to some extent in greater demand by women than men. (The finding is supported by data from an earlier time period, as discussed below.) This conclusion appears, upon examination of Table III-10, to be most applicable to naturopaths, while the osteopaths and chiropractor-naturopaths are somewhere in between the naturopaths and the chiropractors. Of the naturopaths, nearly two-fifths stated that they treat more females than males, while only a few per cent stated that they treat a majority of men. The chiropractors were least likely to be treating a preponderance of women patients.

Some of these 1962 Royal Commission data may be compared with certain data collected in the Canadian Sickness Survey of 1950-51. The following tabulation indicates that females were then (as now) little more likely than males — 52 per cent as compared with 48 per cent — to use the services of chiropractors; this is quite similar to the medical practitioner-patient distribution by sex, which showed in 1950-51 a 55 per cent female, 45 per cent male distribution.

CANADIANS REPORTING HEALTH CARE

Type of Care and Sex of Patient	Number of Persons	Rate per 1,000 Population
Chiropractic Care		
Both Sexes	128,000	9.5
Male	62,000	9.1
Female	66,000	9.9
Medical Care (excl. hosp.)		
Both Sexes	5,851,000	432.0
Male	2,649,000	389.0
Female	3,201,000	476.0

Source: The Department of National Health and Welfare, and the Dominion Bureau of Statistics, *Illness and Health Care in Canada, Canadian Sickness Survey, 1950-51*, Ottawa: 1960.

There are noteworthy sex differences in the number of calls or visits made, (as shown in the following tabulation) however; female chiropractic patients reported receiving a noticeably larger total number of treatments per patient (8.5) on the average than did the males (6.4). Similarly, for medical patients, females reported receiving a larger total number of treatments per patient (4.5) on the average than did the males (3.7).

PRACTITIONER CALLS OR VISITS REPORTED

Type of Care and Sex of Patient	Number of Calls or Visits	Rate/1,000 Population	Rate/1,000 Persons Reporting Calls or Visits
Chiropractic Care			
Both Sexes	962,000	71	7,501
Male	397,000	58	6,390
Female	566,000	84	8,543
Medical Care (excl. hosp.)			
Both Sexes	24,176,000	1,786	4,132
Male	9,902,000	1,452	3,738
Female	14,274,000	2,124	4,459

Source: The Department of National Health and Welfare, and the Dominion Bureau of Statistics, *Illness and Health Care in Canada, Canadian Sickness Survey, 1950-51*, Ottawa: 1960.

Patient Distribution by Age Group

The results of an inquiry into age distribution of chiropractic, naturopathic and osteopathic patients were divided into three parts, (1) those patients 20 years of age or younger, (Table III-11), (2) those falling into two middle-age categories (Table III-12 and Table III-13) and (3) those 60 or over (Table III-13).

Very few practitioners in any of these services (one to three per cent) have a majority of very young people as patients (Table III-11). The most common situation, involving as it does around two-thirds of the practitioners, is a patient load

which includes about one-tenth who are twenty years of age or younger. (According to the Canadian Census of 1961, well over two-fifths of the nation's population is to be found in this young age-group.) Even so only five practitioners in the 1,060 surveyed indicated that they do not treat any persons in the youngest age category.

TABLE III-10
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE PROPORTION
OF THEIR PATIENTS WHO ARE MALES

Proportion of Patients Who Are Males	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None					
Fewer than one-tenth			1		
About one-tenth	1	1	1		1
About one-quarter	3	17	8	8	4
About one-third	14	21	21	22	15
About one-half	71	57	63	69	69
About two-thirds	9	1	4		8
About three-quarters	2	1			2
About nine-tenths					
All of patients					
No response	1	1	1		1
Total percentage ¹	101	99	99	99	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Respondents were asked to make separate estimates of the proportion of their patients falling into the two middle-aged categories (Tables III-12 and III-13). (In 1961 these two groups constituted less than one-half of the Canadian population.) In general, the results do not indicate great differences between the two age groupings. The naturopaths as compared to the other practitioners appear to have a somewhat smaller patient demand from the 21 to 40 year old group. The osteopaths have a somewhat larger patient demand from the 41 to 60 year old group.

In 1961 about one-tenth of the total population of Canada was over 60 years of age. When the proportions of patients over 60 years of age are examined in the next table – Table III-14 – it is seen that naturopaths are more likely than the others to have a notable proportion of their patients from this oldest patient age group. In contrast the chiropractors and the chiropractor-naturopaths, as compared to naturopaths and osteopaths, find relatively few of their patients in the 60 and over group. As in the youngest patient category, then, generally, very few practitioners have more than one-quarter of their patient load composed of persons 60 years of age or more.

TABLE III-11

PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE PROPORTION
OF THEIR PATIENTS WHO ARE TWENTY YEARS OLD OR YOUNGER

Proportion of Patients Who Are 20 Years Old or Younger	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None		1	1		
Fewer than one-tenth	21	31	31	19	22
About one-tenth	50	39	34	44	48
About one-quarter	23	24	26	31	24
About one-third	2	3	4	3	2
About one-half	1		1		1
About two-thirds			1	3	1
About three-quarters	1	1	1		1
About nine-tenths	1				
All of patients					
No response	2	1			2
Total percentage ¹	101	100	99	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

TABLE III-12

PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE PROPORTION
OF THEIR PATIENTS WHO ARE BETWEEN TWENTY-ONE AND FORTY YEARS OLD

Proportion of Patients Who Are Between 21 and 40 Years Old	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None					
Fewer than one-tenth	1	1			1
About one-tenth	2	10	3	3	2
About one-quarter	25	44	47	22	28
About one-third	31	18	27	44	30
About one-half	28	24	18	22	27
About two-thirds	7	1	4	6	6
About three-quarters	4		1	3	4
About nine-tenths					
All of patients		1			
No response	2	1			2
Total percentage	100	100	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

TABLE III-13
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE PROPORTION
OF THEIR PATIENTS WHO ARE BETWEEN FORTY-ONE AND SIXTY YEARS OLD

Proportion of Patients Who Are From 41 to 60 Years Old	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None					
Fewer than one-tenth	1				1
About one-tenth	5	3	5	8	5
About one-quarter	26	35	30	47	28
About one-third	33	21	24	19	31
About one-half	26	33	24	22	26
About two-thirds	5	6	12	3	5
About three-quarters	1	1	3		1
About nine-tenths	1		1		1
All of patients					
No response	2	1			2
Total percentage ¹	100	100	99	99	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

TABLE III-14
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE PROPORTION
OF THEIR PATIENTS WHO ARE SIXTY YEARS OF AGE OR OVER

Proportion of Patients Who Are Over 60 Years Old	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	1				1
Fewer than one-tenth	21	8	8	25	19
About one-tenth	43	44	37	36	42
About one-quarter	30	29	43	33	31
About one-third	3	11	10	6	4
About one-half		6			1
About two-thirds			1		
About three-quarters					
About nine-tenths					
All patients					
No response	2	1	1		2
Total percentage ¹	100	99	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Reviewing these patient age distributions it is possible to make several tentative conclusions. There is some indication that a disproportionate segment of the middle and older age groupings in Canada are being treated by these practitioners – especially naturopathy and osteopathy. Of course, there is little indication that this tendency is extreme enough to warrant the label: specialization in gerontological and related conditions. Thus the tendency to treat “older persons” may merely reflect the fact that “younger persons” in Canada suffer fewer illnesses that fall within the purview of certain of these practitioners.²⁶ There is, for example, the therapeutic scope of chiropractic as enunciated by its present-day leaders, coupled with scope of practice imposed by the relevant legislation, which may combine to effectively restrict most practice to adults. This tendency for substantial groups of patients not to be drawn from the children and youth of the nation will be demonstrated further and more specifically in Chapter VI.

Family Size and Family Income of Patients

Because the Royal Commission survey did not afford a first-hand study of patients, there are no data on the average family size and family income of persons utilizing the services of these practitioners. And, as noted earlier, the Canadian Sickness Survey of 1950-51 combined these practitioners with others so that it is impossible to know whether findings would hold true for chiropractors, naturopaths and osteopaths; if they did, it might then be possible to make inferences about family characteristics of patients. For example, the Canadian Sickness Survey found that an estimated 7 per cent of all families made some direct payment for “other health services” during the year studied; the rate of reporting increased with size of family up to a high of 8.5 per cent for three to four person families; and a steady increase in reporting rate was found with increasing income levels, with upper high income families reporting more than twice the percentage of families using “other health services” than was found for low income families. But it is hazardous to assume homogeneity of characteristics among the services under study here, particularly when they are viewed in combination with “other health services”.

Patients Covered by Workmen's Compensation

An aspect of patient demand may be seen in the operations of Workmen's Compensation Boards across the country. Most of the groups which enjoy provincial licensure also enjoy coverage under Workmen's Compensation in the same provinces. In a four-year period the number of claimants for chiropractic care in Ontario²⁷ increased by about one-fourth, with considerable annual fluctuation, from

²⁶ “The distribution of persons reporting [medical] physicians' care did not differ greatly from their distribution in the population. However, proportionately more persons in the older age groups reported [medical] physicians' care, while reverse was true for the younger age groups.” (Department of National Health and Welfare, and Dominion Bureau of Statistics, *Canadian Sickness Survey, 1950-51*, op. cit., p. 47.)

²⁷ Comparable data for naturopathy were not available from the Ontario Workmen's Compensation Board.

more than 4,000 to more than 5,200 (Table III-15). The number of chiropractors participating in the programme also increased by about one-eighth, and the average total payment received per chiropractor also increased by about this fraction.

TABLE III-15

WORKMEN'S COMPENSATION BOARD DATA FOR CHIROPRACTIC AND
OSTEOPATHY IN THE PROVINCE OF ONTARIO, 1958¹ TO 1961.

W.C.B. Data	1958		1959		1960		1961	
	Chiro.	Osteo.	Chiro.	Osteo.	Chiro.	Osteo.	Chiro.	Osteo.
Approximate number of claimants treated.....	4,012	²	3,368	²	6,966	²	5,227	²
Number of practitioners receiving payments.....	382	56	399	39	399	43	436	45
Average total payment received per practitioner ³ ..	\$ 232	\$ 132	\$ 270	\$ 190	\$ 276	\$ 145	\$ 272	\$ 138
Average payment per claim ³	\$ 22	²	\$ 32	²	\$ 16	²	\$ 23	²
Total payments to chiropractors & osteopaths..	\$88,600	\$7,397	\$107,616	\$7,426	\$110,230	\$6,250	\$118,454	\$6,198

¹ Data prior to 1958 are not available.

² Data for osteopathy are not available.

³ Rounded to the nearest dollar.

Source: Letter from the Chief Statistician, Finance Department, The Workmen's Compensation Board, Province of Ontario, December 3, 1962, and January 7, 1963.

This trend for chiropractic was not paralleled by the Ontario osteopaths (Table III-15). The average total payment received per osteopath fluctuated considerably annually — as it did with the chiropractors — but it was about the same at the beginning and end of the four-year period. Moreover, the number of osteopaths receiving payments decreased by about one-fifth; the approximate number of claimants for osteopathic care under Workmen's Compensation is not known, but while the one-fifth decrease in osteopaths participating may not necessarily reflect a decrease in patient demand there is little evidence to conclude that patient demand increased in this particular sector.

Some Workmen's Compensation Board chiropractic data for British Columbia are available for a nine-year period (Table III-16). These show that the number of cases treated increased by approximately three-fifths, and the volume of total

TABLE III-16

WORKMEN'S COMPENSATION BOARD DATA FOR CHIROPRACTORS IN THE PROVINCE OF BRITISH COLUMBIA, 1951-1961

Year	Number of Cases Treated	Mean Cost Per Claim ¹	Total Payments ¹
1951.....	1,074	\$16	\$17,654
1952.....	1,580	25	39,386
1953.....	1,879	29	54,572
1954.....	2,206	25	65,668
1955.....	2,410	30	72,007
1956.....	2,787	31	85,436
1957.....	2,839	33	93,382
1958.....	2,391	33	77,812
1959.....	2,363	32	75,625
1960.....	²	²	²
1961.....	1,822	35	63,770 ³

¹ Rounded to the nearest dollar.² Data not available.³ Estimated.

Source: The 1951 to 1959 data are from the Collège des chiropraticiens de la province de Québec, *Mémoire*, February, 1961, p. 21. The 1961 data were reported in *Canadian Chiropractic Association, British Columbia Division*, brief to the Royal Commission on Health Services, Toronto, May 1962, para. 25.

payments increased accordingly. At the same time it must be noted that there was a peak year reached in 1957, followed by a decrease. According to one assessment:

One notes a decline of 17 per cent from 1957 to 1959, but it is advisable to note that the total number of work accidents decreased by 20 per cent during that time in British Columbia, as a result of changing the definition in the law. There was, then, a continuing relative gain for chiropractic. In 1959 chiropractors treated 3.1 per cent of all the work accident cases which occurred in the province.²⁸ (Author's translation).

Whether the trend continues downward is of importance in interpreting the British Columbia Workmen's Compensation data for chiropractic as the trend does not follow the Ontario counterpart. In 1962 the Ontario Chiropractic Association concluded:

Based on annual payments by the Workmen's Compensation Board of Ontario for chiropractic services (excluding X-ray), an increase of 308.8 per cent in the period 1954-60 gives an indication of the increasing value of chiropractic to Ontario's injured workmen, industry and the Board.²⁹

²⁸ Collège des chiropraticiens de la province de Québec, *Mémoire*, February 1961, p. 20.

²⁹ *Canadian Chiropractic Association, Ontario Division*, brief to the Royal Commission on Health Services, Toronto, May 1962, para. 51.

Thus, although most chiropractors in both British Columbia and Ontario appear to be treating thousands of Workmen's Compensation cases, the data do not afford consistent evidence of increasing patient demand.

C. SUPPLY AND DEMAND TRENDS

A discussion of the relationship of the supply of these practitioners to the demand for their services must of necessity be highly inferential.

Supply Trends

First, there is the problem of determining the numbers of practitioners as discussed in Part A of this Chapter. Secondly, to examine the question of trends of supply of practitioners it is necessary to make use of fragmentary data from historical sources (presented in Chapter I and Appendix I). Putting together the data on numbers from this chapter and the historical data it is possible to hazard the guess that during the past 30 years the ratio of chiropractors to general population has remained fairly constant for the nation, while the ratio of osteopaths to general population has almost surely declined to approximately one-half what it was 30 years ago.³⁰ Given the problems in estimating the number of naturopaths practising in Canada (as discussed earlier in this chapter and in Chapter I) it is virtually impossible to determine the trend for this group. The questionnaire data on age-distribution suggests, however, that they may be declining both in absolute numbers and relative to the general population.

Demand Trends

The problems associated with the estimation of patient demand are no less difficult. Again, data from federal government sources are available for one time period only — 1950-51 — from the Canadian Sickness Survey. These data reported no more than about 1.5 per cent of the population being treated by these practitioners. If an estimate of Workmen's Compensation usage trends were to be risked,³¹ about all that could be said — and this is a truism — is that with chiropractic, for example, such demand appears to be greater today than it was at the onset of programmes over a decade ago; but there are such variations in the data from year to year and from province to province that little else may be concluded.

³⁰ The numbers of Doctors of Osteopathy in Canada from 1928 to 1963, in five-year periods were as follows:

Year:	1928	1933	1938	1943	1948	1953	1958	1963
Total:	141	146	137	133	134	118	103	100

American Osteopathic Association, *Directories for 1928-1963*.

³¹ Workmen's Compensation Board data are not compiled on a national basis, and the provincial sources provide only a fragmentary picture. Even if complete data were available from all provinces where such coverage is accessible to chiropractors, naturopaths, and osteopaths, the patients so treated constitute only an unknown portion of patient demand for health care.

With the osteopaths, W.C.B. totals may be decreasing but this may reflect nothing more than the proportion of these practitioners who are retiring from the labour force and not being replaced. There is little systematic information available on the naturopaths in relation to Workmen's Compensation.

Although a number of insurance companies provide coverage with these groups for their clients, the precise magnitude of demand over time is apparently unknown. Perhaps chiropractors enjoy more widespread coverage than do the other two services.

Given neither official nor quasi-official sources for demand trends, it is necessary to make what use can be made of the data provided by the professional associations and the Royal Commission survey. These last-mentioned data establish in some detail the reported current demand: they provide no conclusive information on demand trends over time. In general these services today appear to be somewhat more in demand by females than males, more by adults than children. There is no first-hand information for example, on the economic status or the patient-complaints treated of patients because Royal Commission on Health Services research personnel were precluded from obtaining this and other important kinds of information directly from an accurate cross-section of the public. Manifestly, it would have been methodologically unjustifiable to ask survey respondents to estimate, for instance, such patient characteristics as economic status.

Chiropractic professional associations in their various public statements have consistently concluded that in recent times there is an increasing public demand for their professional services. Some of these statements are supported by trend data (such as those presented at the beginning of this chapter) which report more office calls per practitioner, more home calls per practitioner, more chiropractic patients attended per practitioner, and more patients new to chiropractic per practitioner at the time of most recent reporting as compared to some earlier year. Noting the magnitude of many of these gains, and given the fact they were prepared over five or ten year periods, there seems little justification in ruling out the plausibility of some relative gains in demand for their services.

Projections of Supply in Relation to Demand

Another line of reasoning has been used by the chiropractors in Canada to support their contention of increased demand for their services: "There is approximately one chiropractor to each 16 [medical] physicians. There is approximately one chiropractor to each 3,594 families; there is approximately one [medical] physician to each 222 families. A study of these ratios reveals the need for additions to the chiropractic profession."³² The Canadian osteopaths who have also been quite vocal in their public statements (e.g., in briefs to the Royal Commission) and in the pages of their national professional newsletter, have made use of such ratios as well. With the osteopaths, however, the discussion is not

³² *Canadian Chiropractic Association, Ontario Division, op. cit., para. 171.*

focused so much on increased demand as it is on a steadily decreasing supply of practitioners. They attribute this decline directly to repressive legislation throughout Canada which denies a scope of practice in keeping with their professional training. Very simply, practitioners who have spent no less than three years in pre-osteopathic university education, four years of osteopathic training, and a minimum of one year of hospital internship see little point in starting a practice in Canada where they are denied the right to exercise most of the diagnostic and therapeutic skills they have spent at least eight years in acquiring. This is rendered particularly visible when they can practise freely in most political jurisdictions in the United States. So long as such restrictive legislation is still in effect everywhere in Canada there is little likelihood that the osteopath supply curve will change direction.

Previewing the professional education of Canadian chiropractors (as discussed in Chapter V), it appears possible that the Canadian Memorial Chiropractic College could, all other things being equal, maintain the present chiropractor-population ratio for a number of years. Given its current capacity it could graduate 1,000 practitioners in 20 years, which would in effect match today's supply. And if the College's expansion programme proceeds on schedule the number of graduates could be increased in the same period of time. But all of this is contingent, of course, on the College and the chiropractors. The College has stated that:

Over 665 Canadian men and women have graduated from this College since its inception in 1945 and up to the end of 1961..... Unfortunately for Canada, during this same period 605 Canadian men and women attended accredited American Colleges of Chiropractic. We say *unfortunately*, because:..... b) This has caused some of the Canadian students to make the decision to become U.S. citizens, which is serious when there is developing such a great demand for Chiropractors in Canada.³³

These and related facets of the recruitment process are discussed in the chapter which follows.

³³ *Canadian Memorial Chiropractic College*, brief to the Royal Commission on Health Services, Toronto, May 1962, p. 23. According to college officials the chiropractic college has been approached on several occasions by industrial firms about the availability of graduates interested in providing health services to "company towns" in remote areas of the nation.

RECRUITMENT: FACTORS INFLUENCING THE CHOICE OF CAREER

To what extent do the prospects of future economic rewards or the financial demands for establishing a practice and related economic variables serve to attract people into these professions? To what extent do certain crucial experiences with the ultimately selected occupations impel someone to choose these professions? To what extent does the development of various attitudes toward other human beings play a part? When do these experiences and attitudes bring the individual to make the vocational choice?

As background material on recruitment to these professions the Royal Commission on Health Services gathered information concerning 1) the age at which the practitioner first considered his current profession as a career and 2) the means by which he learned the nature of his profession. Nearly two-thirds of the osteopaths — as compared to one-third of the naturopaths at the other extreme — first seriously considered their profession before they were twenty-one, and well over one-half of the chiropractors noted this when they reached their majority or later.¹ Thus, even though the osteopaths tend to have made such consideration at age ranges most commonly associated with occupational deliberation in professional occupations it can be said that these practitioners made their occupational decisions later than is usual.

Perhaps it is possible to gain some further understanding of this aspect of occupational recruitment by establishing the age at which the respondent first learned what a practitioner in his healing art does. Is there a direct relationship between the age at which this occurs and the above-noted age at which the first serious consideration of the career possibilities takes place? There does appear to be a limited relationship of this sort, sizeable portions of all four groups first learned what a practitioner does in their respective healing arts when they were more than twenty years old.² It is little wonder, then, that many of the present-day practitioners were “recruited” sometime after they had become adults.

How was it, then, that these practitioners first became acquainted with their occupation? Respondents to the questionnaire were offered a number of alternatives to check regarding how they first learned about their field: through

¹ See Appendix Table IV—1.

² See Appendix Table IV—2.

family or friends, school influences, professional announcements, reading some book or article, or a personal experience. In addition, practitioners were allowed to provide some "other" answer if it was felt to be more appropriate. A distribution of the approximate proportion of each service choosing each alternative is given in Table IV-1.

TABLE IV-1
PERCENTAGE DISTRIBUTION OF PRACTITIONERS IN EACH HEALING
ART, BY WAYS IN WHICH THEY FIRST LEARNED ABOUT
THEIR OCCUPATION

Means of First Learning of the Practitioner's Healing Art	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Through family.....	33	22	34	19	32
Through friends	20	15	15	11	19
Through school influences.....	3	3	3	11	3
Through professional announce- ments	2	7		3	2
Through reading some book or article	4	10	7	3	5
Through a personal experience..	28	25	26	36	28
Other ¹	10	15	15	17	11
No response.....		3	1		1
Total percentage ²	100	100	101	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Among the "other" responses are included a number which combine two or three of the first six categories. Therefore to the totals shown may be added 15 "family" responses, 19 "friends" responses, 8 "school influence" responses, 7 "professional announcements" responses, 13 "reading" responses, and 15 "personal experience" responses. In addition, the "other" category contains a total of 17 "miscellaneous" responses, including such as "through a chiropractor", "through an M.D." or "medical advice", "through the study of philosophy, psychology and mysticism", "through an answer to prayer", "through D.V.A." or "Y.M.C.A.".

² Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Most practitioners appear to have learned about their current occupation from the combination of three sources: through their family, friends, or through some personal experience. The family has served one-third of both the chiropractors and osteopaths as the first information source about their respective fields. Presumably this could involve either experiencing the relief of illness or the fact that a family member had practised in the service in question or both. Moreover, at least one-quarter of each of the groups referred to "personal experiences" – usually treatment of illness – in this connection; and nearly as large a proportion of the chiropractors checked the "friends" category, again probably because the

prospective practitioners were impressed by perceived treatment results, career opportunities, and the like. Approximately one-tenth of the respondents noted that two or three of the six alternatives applied to the way in which they first learned about their field responses which are cumulated in the "other" category in Table IV-1 and detailed in the footnote to that table. Professional announcements, school influences, and reading books and articles, seem to have had very little effect in informing prospective practitioners of the nature of these occupations.

Thus what appears to emerge from these background factors is a somewhat unusual pattern of late recruitment to these fields for both chiropractors and naturopaths, a recruitment process little influenced by the usual social mechanisms for occupational information, and greatly influenced by personal contacts and experiences.

Given this background information about the recruitment process, what are the specifics of the various influences involved in career choice?

A. ECONOMIC FACTORS AND THE CHOICE OF CAREER

In assessing the significance economic factors may exert in career choice, a series of questions was asked members of the chiropractic, naturopathic, and osteopathic professions in Canada. Practitioners were asked about the use and availability of financial subsidization in professional school, the need for the purchase of a practice upon graduation, and the expectation of an adequate income as possible factors in career choice. A considerable majority of these practitioners (from 73 per cent of the chiropractors to 86 percent of the naturopaths) did not enjoy public or private (non-family) help while at professional school.³ It would seem unlikely, then, that the availability of financial assistance of this sort has attracted persons in any great number to these groups in Canada. This despite limited but increasing availability of financial assistance to students at least in osteopathy.⁴

To explore further financial subsidization for schooling as a factor in career choice, all practitioners were asked a series of questions regarding the influence of this and other specific factors in their choice of a profession.

Every profession has its disadvantages. For the medical profession (including osteopathy) one of the first disadvantages is the comparative length of a physician's training and its cost. The majority of students now enrolled in medical and osteopathic schools and the majority of physicians now in practice completed four years of undergraduate college training. Today the cost of such training amounts to a minimum of \$8,000, including tuition, books and supplies, board and room, and other expenses.⁵ Yet, over two-thirds of the practitioners studied

³ See Appendix Table IV-3.

⁴ Mills, L.W., *The Osteopathic Profession and Its Colleges*, Office of Education, American Osteopathic Association, Chicago: 1961, pp. 15-16; also the Canadian Osteopathic Educational Trust Fund attempts to encourage interest in professional education by providing scholarships; see the *Canadian D.O.*, Vol. 2, No. 2, June 1963, p. 11.

⁵ Mills, L.W., *Opportunities in Osteopathy*, New York: Vocational Guidance Manuals, 1960, p. 79.

here reported that the availability of financial subsidization was not an influence in their selection of their field of practice; but among those for whom it was, the chiropractors and the chiropractor-naturopaths were the groups most given to reporting that financial subsidization was an important influence.⁶ This may be related to the fact that since the opening of the Canadian Memorial Chiropractic College in Toronto in 1945 many present-day practitioners attended that school under government subsidization as armed forces veterans.⁷

Purchase of a Practice

Another factor which can be associated with the choice of a profession is the cost of starting a practice, costs which may include licensing, equipment, and especially purchase of a practice. For example, across Canada chiropractors recently reported that the cost per practitioner for establishing an office, including equipment and furnishings, on the average ranged between \$4,000 to \$7,000, depending on the province; with an over-all Canadian average in excess of \$5,000.⁸ Respondents were asked whether they had ever purchased a practice in their profession, and, if so, for how long they continued to pay for it.⁹ A great majority of the practitioners being discussed here reported that they had never purchased a practice; among chiropractors the purchase of a practice is somewhat more common than has been the case in the other professions, but even among chiropractors over four-fifths reported that they had never purchased a practice.¹⁰ It is understandable, then, why few practitioners reported purchase of practice as influencing their career decisions one way or the other.¹¹ Fewer than one-tenth of the respondents reported that this consideration was any sort of influence on them.¹²

Expectation of an Adequate Income

The last, and potentially most interesting economic factor in occupational recruitment involved the expectation of an adequate income. At the same time it must be recognized that the indicator used for this factor is equivocal because there is no certainty that claims about such a sensitive item can be taken at face value.¹³ Approximately one-half of all practitioners (but proportionately more

⁶ See Appendix Table IV-4.

⁷ There was a drugless therapy course available there during the 1960's. This is discussed in more detail in Chapter V.

⁸ *The Canadian Chiropractic Association, British Columbia, Manitoba, Maritime, and Ontario Divisions*, briefs to the Royal Commission on Health Services, Toronto, May 1962.

⁹ If the practitioner had purchased more than one practice, the question made reference to the first practice.

¹⁰ See Appendix Table IV-5.

¹¹ The question asked: "How important an influence for you in choosing your profession was not having to purchase a practice in this profession?"

¹² See Appendix Table IV-6.

¹³ This is a question for which the rate of failure to answer was rather high — especially among naturopaths.

chiropractors) reported this to be a very or fairly important influence (proportionately more chiropractors), and many others reported that it was a less important influence, but an influence nonetheless (Table IV-2). Generally speaking then, it appears that of the economic factors examined, income expectation was ostensibly salient in the vocational choice process.¹⁴

TABLE IV-2
PERCENTAGE DISTRIBUTION OF PRACTITIONERS,
BY THE PROPORTION FOR WHOM EXPECTATION OF AN ADEQUATE INCOME
WAS REPORTED A FACTOR IN THEIR CAREER CHOICE

Income Expectation as an Influence in Career Choice	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
A very important influence.....	8	6	8	8	8
A fairly important influence.....	44	28	34	19	41
A minor influence	25	22	37	33	26
No influence at all.....	16	29	18	28	18
No response	7	15	4	11	7
Total percentage ¹	100	100	101	99	100
Total practitioners.....	(878)	(72)	(74)	(36)	(1,060)

¹Percentages do not total to 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

B. SOCIAL PSYCHOLOGICAL FACTORS AND THE CHOICE OF CAREER

If economic factors are not the only ones that attracted people to these occupations, what has attracted them? In this section several approaches are followed in the attempt to ascertain the relative influence of social psychological factors in career choice. What is the potential impact of fundamental personal values, experiences with and attitudes toward other occupations, certain associations with friends and relatives, and treatment experiences?

Personal Values

It would seem that among the many motivations which may influence career choice for one of these professions would be a simple desire to heal the sick. It is in no way surprising that about four-fifths of all practitioners reported this desire to have been a very important influence, and most of the remaining respondents reported it to have been a fairly important influence.¹⁵ Table IV-3 also shows some differences between the groups, with the naturopaths expressing this value most strongly.¹⁶

¹⁴ Current practitioner income levels are discussed in Chapter VI.
¹⁵ The question asked: "In choosing your profession one or more factors may have influenced you. How important an influence for you was a desire to heal the sick?"
¹⁶ It has been assumed that when a practitioner reported the effects of religious training as a career choice "influence" that it was interpreted as a "positive" influence.

TABLE IV-3

PERCENTAGE DISTRIBUTION OF PRACTITIONERS, BY THE PROPORTION
FOR WHOM A DESIRE TO HEAL THE SICK WAS REPORTED
A FACTOR IN THEIR CAREER CHOICE

Influence in Career Choice of Feeling a Desire to Heal the Sick	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
A very important influence	79	86	73	83	79
A fairly important influence	18	10	20	8	17
A minor influence	1	1	4	3	1
No influence at all	1	1	1		1
No response	2	1	1	6	2
Total percentage ¹	101	99	99	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Career Attitudes and Experiences

The complex process by which people arrive at their ultimate vocational choice may also be related to work experiences and their view of the world of work. Each of the practitioners was asked to indicate his last full-time occupation prior to his undertaking professional studies in his field. In contrast to the other groups, nearly one-half of the osteopaths had no full-time work experience at that time, as may be seen in Table IV-4.¹⁷ This suggests that many of the osteopaths went directly from the completion of their secondary and pre-osteopathic university education into professional school. This is the pattern most typical for highly professionalized occupations. The other practitioners examined here were decidedly more likely to have had prior work experience, however. What, then, was that work experience?

Only two individuals (an osteopath and a chiropractor-naturopath) out of the 1,060 practitioners actually reported having been engaged in some branch of medicine. Five others (three chiropractors and two chiropractor-naturopaths) were at some time involved in one of the other healing arts. Just over half (55 per cent) of the respondents had been employed in some field, largely in "blue-collar" and lower "white-collar" occupations, as is shown in Table IV-4 — a work history not typical for incumbents of highly professionalized occupations.

¹⁷ Care should be used in drawing conclusions from data presented in Table IV-4 as the "no response" rate is unaccountably high — particularly with the naturopaths.

TABLE IV-4
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY
THEIR LAST FULL-TIME OCCUPATION PRIOR
TO PROFESSIONAL TRAINING IN PRESENT FIELD

Last Full-time Occupation Prior to Professional Training	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Medicine, dentistry, etc. ¹			1	3	
“Drugless” healing arts (incl. chiropractic, osteopathy, naturo- pathy ² , etc.).....				6	1
Health-related occupations ³	2	14	1	3	2
Non-health-related professions and high status “white-collar” occupations ⁴	15	17	10	11	14
Other non-health occupations....	42	36	33	45	41
No full-time occupation.....	39	17	47	25	29
No response	13	17	8	8	13
Total percentage ⁵	101	101	100	101	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Including surgery, psychiatry, obstetrics, gynaecology, and other medical and dental specialties.

²This designation of osteopathy as a so-called “drugless” healing art refers only to the Canadian situation. As is shown elsewhere in this study, most osteopaths elsewhere are not restricted to “drugless” therapies.

³Including physical therapist, pharmacist, veterinarian, nurse, medical technician, and the like.

⁴These are composed of Classes I and II (excluding health-related occupations) of the Blishen classification of Canadian occupations; these categories include, for example, judges, lawyers, engineers, architects, professors, stock and bond brokers, finance managers, manufacturing managers, etc.

⁵Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Thus, even though nearly one-seventh of the naturopaths and chiropractor-naturopaths were engaged in health-connected work, it is reasonable to surmise that it was not through any direct experience with health-connected occupations that most of these practitioners were “recruited” into their respective professions that it was not through any first-hand familiarity with the day-by-day tasks of health-connected occupations, that these respondents came to choose chiropractic, naturopathy and osteopathy as careers.

Is there any relationship between the vocation seriously considered just prior to the final career choice and the specific nature of that choice? Despite the large proportion who had worked at “blue-collar” or “lower white-collar” occupations (as shown in Table IV-4), as can be seen by the percentage distribution in Table IV-5, there is the important finding that nearly one-fourth of the practitioners studied reported that they had seriously considered some branch of

medicine or dentistry before entering their current profession.¹⁸ Coupled with this finding is the added two per cent who had previously considered a healing art of other than their own, along with another six per cent who had considered one of the other health-related fields. These percentages vary by profession, as is shown in the table, but the point is that about three-tenths of the practitioners (somewhat fewer osteopaths) had seriously considered another healing art or health-related occupation prior to entry into their own field.

TABLE IV-5
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
BY THE TYPE OF VOCATION THEY SERIOUSLY CONSIDERED
JUST PRIOR TO THEIR FINAL CAREER CHOICE

Type of Vocation Seriously Considered Just Prior to Final Career Choice	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Medicine, dentistry, etc. ¹	24	14	22	22	23
"Drugless" healing arts (incl. chiropractic, osteopathy, ² naturopathy, etc.)	2	3		6	2
Health-related occupations ³	6	11	1	3	6
Non-health-related professions and high status "white-collar" occupations ⁴	29	36	37	33	30
Other non-health occupations ..	12	18	14	8	13
No other vocation seriously considered	16	10	22	14	16
No response	11	8	5	14	11
Total percentage ⁵	100	100	101	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Including surgery, psychiatry, obstetrics, gynaecology, and other medical and dental specialties.

² This designation of osteopathy as a so-called "drugless" healing art refers only to the Canadian situation. As is shown elsewhere in this study, most osteopaths elsewhere are not restricted to "drugless" therapies.

³ Including physical therapist, pharmacist, veterinarian, nurse, medical technician and the like.

⁴ These are composed of Classes I and II (excluding health-related occupations) of the Blighen classification of Canadian occupations; these categories include, for example, judges, lawyers, engineers, architects, professors, stock and bond brokers, finance managers, manufacturing managers, etc.

⁵ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

In contrast, the data presented in Table IV-5 also show that some of the practitioners reported that they had considered no other career prior to the selection of their present profession — the osteopaths (22 per cent) appear to have been most settled with their choice, the naturopaths (10 per cent) least.

¹⁸ Again, the appreciable proportion of these groups who did not respond to the question: "What vocation or profession, if any, did you seriously consider just prior to deciding upon your profession?" suggests the possibility of respondent sensitivity and the need for some caution in interpretation.

The largest proportion (over two-fifths) of all the practitioners reported that they had been considering some vocation or profession unrelated to the field of health. In noting this, it is useful to recognize that large majorities of these aspired-to occupations were in the non-health-related professions and high status “white-collar” occupations. Thus, where there was such an interest, the level of occupational status aspiration tended to be high. In sum what emerges from Table IV-5 is a picture of career choice vacillation and aspirational frustration – perhaps most pronounced with the naturopaths, and least with the osteopaths.

The final question in this section explored the possible influence in career choice of disappointment in some other professional field. Table IV-6 shows that the majority of practitioners (three-fifths of them) reported that they were not at all influenced in career choice by disappointment in some other profession but it is important to see the proportion (about one-third) who reported that they were so influenced. Of course this proportion varies considerably among the health services, with nearly twice as many of the naturopaths as osteopaths reporting disappointment in some other profession as an influence. The precise nature of the disappointment for some practitioners was not specified in these reactions; but from what has been shown earlier in this section (Table IV-4 and IV-5) disappointment might stem from an inability – for whatever reasons – to pursue a career in some other profession (for example, medicine, dentistry, law) or a high status non-health-related occupation, or an unwillingness to pursue a career in their last full-time occupation before professional school. That is, they could not follow the career they cared to follow, or they could take up an occupation they did not wish to pursue.

TABLE IV-6
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE PROPORTION
FOR WHOM DISAPPOINTMENT IN SOME OTHER PROFESSION
WAS REPORTED A FACTOR IN THEIR CAREER CHOICE

Influence in Career Choice of Becoming Disappointed in Some Other Profession	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
A very important influence	14	22	14	22	15
A fairly important influence	10	14	8	3	9
A minor influence	8	10	4	6	8
No influence at all	61	44	70	61	60
No response	8	10	4	8	8
Total percentage ¹	101	100	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Percentage does not total to 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Career Models

In occupational decision-making, is it important for the future practitioner to be exposed to a career model – a respected person – in the particular field in question? If career models are of any importance, what categories of persons are more important? For example, what is the influence in career choice of having a friend who practised the chosen profession? Table IV-7 shows that while just over half of the respondents reported that they were not at all influenced in choosing their present career by having a friend in that profession, a sizeable proportion of practitioners indicated this factor was of some importance. There was considerable variation among the occupations; for the osteopaths nearly one-half noted that having a friend who also entered the profession of osteopathy was an important or fairly important influence in their career choice.

TABLE IV-7
PERCENTAGE DISTRIBUTION OF PRACTITIONERS, BY THE PROPORTION
FOR WHOM HAVING A FRIEND PRACTISING THE SAME PROFESSION
WAS REPORTED A FACTOR IN THEIR CAREER CHOICE

Influence in Career Choice of Having a Friend Practising the Same Profession	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
A very important influence	12	7	23	8	12
A fairly important influence	12	8	20	6	12
A minor influence	14	11	5	8	13
No influence at all	52	57	45	58	52
No response	11	17	7	19	12
Total percentage ¹	101	100	100	99	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Somewhat fewer practitioners reported having a relative practising in the chosen profession as an influence in selection of occupation. Yet even though a minority of current practitioners indicated such influence, such effects are not to be discounted as may be seen in Table IV-8. Moreover, this career model seems to have been more significant among the osteopaths than the other practitioners, suggesting a pattern resembling "occupational inheritance", for about one-third of them.

TABLE IV-8

PERCENTAGE DISTRIBUTION OF PRACTITIONERS, BY THE PROPORTION FOR WHOM HAVING A RELATIVE PRACTISING THE SAME PROFESSION WAS REPORTED A FACTOR IN THEIR CAREER CHOICE

Influence in Career Choice of Having a Relative Practising the Same Profession	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
A very important influence	10	10	18	8	11
A fairly important influence	7	4	10		7
A minor influence	5	4	4	6	5
No influence at all	66	63	55	75	66
No response	12	19	14	11	12
Total percentage ¹	100	100	101	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Treatment Experiences

Did the perceived efficacy of therapy in the chosen field act as an influence on these practitioners? They were asked about treatment experiences, with the queries phrased in terms of "cure". First of all, there was the possible influence in career choice of having a close relative cured by someone in the chosen profession. Table IV-9 shows that about one-quarter of the respondents reported that they were very strongly influenced in their career choice in this fashion – and this generally holds true for all groups. In addition, for almost as large a proportion of practitioners, the fact that a close relative was cured by someone in the profession finally chosen, was also influential to some extent. In sum, about one-half of the respondents suggested this factor was an influence. One of the interview respondents said:

I became convinced about chiropractic after my son . . . was cured of his asthma. I was a farmer at the time and . . . was only a baby of a few months. He was dying and the doctors could do nothing for him. Someone suggested Dr. . . . , a chiropractor in Toronto. I was doubtful when I took . . . to him, but after the first adjustment he began to get better. He had thirty-five adjustments and has never had asthma since. I had sciatica and Dr. . . . cured me of that too. Then I decided to become a chiropractor. .¹⁹

¹⁹ The Royal Commission on Health Services interview survey of chiropractors, naturopaths and osteopaths, 1962.

TABLE IV-9

PERCENTAGE DISTRIBUTION OF PRACTITIONERS, BY THE PROPORTION FOR WHOM HAVING A CLOSE RELATIVE CURED BY SOMEONE IN THEIR PROFESSION WAS REPORTED A FACTOR IN THEIR CAREER CHOICE

Influence in Career Choice of Having a Close Relative Cured by Someone in Respondent's Profession	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
A very important influence	26	24	26	22	26
A fairly important influence	14	13	5	14	13
A minor influence	10	7	8	6	9
No influence at all	43	43	53	50	44
No response	8	14	8	8	8
Total percentage ¹	101	101	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

What of the potential influence in career choice of a personal experience in which the practitioner was cured? Has this been any more compelling than the experiences of relatives? The data emphatically suggest that it was. Over one-third of the respondents reported that a personal experience in which they were cured was a very important influence in their choice of their current profession (Table IV-10). Another one-fifth reported that such an experience was of at least some influence in their career choice. Thus, it is a minority of practitioners who reported that being "cured" by someone in their field had no effect on the decision-making process.

TABLE IV-10

PERCENTAGE DISTRIBUTION OF PRACTITIONERS, BY DEGREE OF INFLUENCE OF A PERSONAL EXPERIENCE IN WHICH THEY WERE CURED

Influence in Career Choice of a Personal Experience in Which Respondent was Cured	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
A very important influence	38	39	37	28	37
A fairly important influence	12	10	5	11	12
A minor influence	8	8	11	11	9
No influence at all	38	35	46	36	38
No response	4	8	1	14	5
Total percentage ¹	100	100	100	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

In sum, examining both types of treatment experiences (Tables IV-9 and IV-10) it seems plausible to suggest that few other factors have been potentially more central in the career choice process. These two types of healing experiences along with the earlier noted strong influence of personal values about healing the sick and the impact of career models possibly constitute the paramount social psychological elements in the choice of occupation, and they appear to have been decidedly more important for these practitioners than were economic factors.

C. RECRUITMENT AND CAREER EVALUATION

Looking to the future, if career models, as has been suggested in the previous section, influenced the "recruitment" of persons into these fields in the past, what sort of models are the practitioners of today? What reactions to their own professions do practitioners possibly convey to others? Approaching this matter indirectly, respondents were asked what advice they would give a member of their family who wanted to enter their profession, and whether, if they "had it to do all over again", they would choose the same profession.

A large variety of responses was given to the question: "What would you advise a son or other relative of yours who wanted to enter into your profession?" Table IV-11 shows a summary of the answers,²⁰ and it appears that well over one-third of the responding practitioners would offer definite and unqualified encouragement to a relative desirous of entering their profession. Proportionately fewer of the naturopaths were of this opinion than were the other practitioners.

TABLE IV-11
PERCENTAGE DISTRIBUTION OF PRACTITIONERS,
SUMMARIZED BY THE KINDS OF ADVICE THEY WOULD GIVE TO
SOMEONE WANTING TO ENTER THEIR PROFESSION

Advice Practitioners Would Give Someone Wanting to Enter Their Profession	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Definite encouragement ¹	37	29	37	50	37
Qualified encouragement ¹	47	50	43	28	46
Neutral advice	7	6	5	8	7
Qualified discouragement	3	1	3	3	3
Definite discouragement ¹	3	7	7	3	3
No response	3	7	5	8	4
Total percentage	100	100	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ A complete distribution of the sub-categories of responses in this general category is shown in Appendix Table IV-7.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

²⁰ A complete distribution of responses is presented in Appendix Table IV-7.

Another segment representing nearly one-half of the practitioners would offer qualified encouragement. For example, the chiropractors most commonly mentioned the need to caution the person wanting to enter the profession that there would be a need to study diligently and to acquire knowledge about other of the healing arts. The naturopaths and chiropractor-naturopaths who qualified their encouragement advised that the person must be highly motivated to service, to healing the sick. The osteopaths, in this general qualified encouragement category, most often mentioned that the prospective osteopath should under no circumstances practise in Canada, given the scope of practice currently allowable; or some mentioned the desirability of practising in another province where there is legislation to cover osteopathic practice.

Other qualified encouraging comments dealt with the would-be practitioner anticipating opposition from part of the public and from some individuals in other health professions; with preparing for a future of hard work; with anticipating limited financial return; with recognizing that university education is a necessary professional prerequisite; with seeing the need to get an M.D. as well; with noting the need for academic and personality suitability; with believing strongly in the efficacy of the healing art; and with miscellaneous admonitions such as having adequate financial backing before going to professional school.

Table IV-11 also shows that a total of less than 6 per cent replied that they would in any way discourage entrance into their profession by a young relative; another 7 per cent offered what was essentially neutral advice — such as “let him decide for himself”. In summary, about four-fifths of all practitioners would offer definite or qualified encouragement — but encouragement nonetheless — to a member of their family who was considering preparation for one of these fields.

Given this general reaction to providing advice to others, would the practitioner choose the same profession again if he had the chance to “do it all over again?” To this question two-thirds of all practitioners replied “definitely yes”, and another one-quarter replied “probably yes”. There is not very much variation among the groups on this item, and fewer than one practitioner in ten rejected their current profession by saying they would either “probably not” or “definitely not” choose it again (Table IV-12).

If these present-day practitioners are serving as career models, it would seem most will encourage candidates for careers in these fields. Indeed, as the next chapter indicates, such recruitment into these professions is fostered by means of formal arrangements in some of them, and programmes of recruitment are pursued quite deliberately.

TABLE IV-12

PERCENTAGE DISTRIBUTION OF PRACTITIONERS REPORTING
THEY WOULD CHOOSE THE SAME PROFESSION
AGAIN IF THEY HAD ANOTHER CHANCE

Whether the Practitioner Would Choose the Same Profession Again	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Definitely yes	68	64	65	69	68
Probably yes	24	26	30	17	24
Probably no	6	7	4	6	6
Definitely no	2	3	1		2
No response	1			8	1
Total percentage ¹	101	100	100	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

EDUCATION

The degree of professionalization in a particular vocation varies with respect to both the quality and quantity of education acquired by its practitioners. In order to see this relationship in clear perspective, one must set both the quantity and quality of the training of the current practitioners, in this case chiropractors, naturopaths and osteopaths, against the quantity and quality of education required for graduation from the currently operating professional schools. No step by step comparison has been intended, but such a comparison is implicit in the material presented here. The information concerned with the training facilities and requirements of the professional schools was acquired primarily by first-hand study but it was supplemented by submissions, interviews and other forms of documentation. Data on the pre-professional and professional educational backgrounds of current practitioners were obtained largely through the survey conducted by the Royal Commission on Health Services.

A. PROFESSIONAL TRAINING IN CANADA

Since there are no professional schools in Canada training osteopaths and naturopaths some selected information will be provided about the education for these professions in the United States. At the same time it must be recognized that a comprehensive study of professional schools outside Canada is beyond the scope of this study, so the information included here will be used principally to illuminate the data presented on chiropractic education in Canada.¹

Chiropractors have been trained in Canada off and on since about 1908, but these early attempts at professional education were limited efforts prior to the establishment in 1945 of the Canadian Memorial Chiropractic College – the only school currently operating in Canada for any of these professions. During the first quarter of this century, (circa 1908-1928) several chiropractic schools operated in Ontario,² the Canadian Chiropractic College, the Toronto Chiropractic College, the

¹ The comparisons provided refer in part to three accredited schools of naturopathy and the five accredited schools of osteopathy in the United States. The names and locations of these schools are provided in Appendix Table V-1.

² *Canadian Chiropractic Association, Ontario Division*, a brief submitted to the Royal Commission on Health Services, Toronto, Ontario, May 1962, para. 9.

Robbins Chiropractic College, and the Ontario College of Chiropractic. Established at one time or another in Hamilton, Sault Ste. Marie, and Toronto, these schools were relatively small and could not technically be termed "non-profit", as they were established and operated by private individuals, in contrast to the Canadian Memorial Chiropractic College which is a non-profit school sponsored and controlled by the chiropractic profession across Canada. For a period of nearly twenty years thereafter, there was no professional education for chiropractors in Canada. Recently the Quebec College of Chiropractors has been working toward establishing a complete course (4,784 hours) of chiropractic training at the University of Montreal or some other suitable university³ in that province.

At one time there was a Dominion Herbal College in Vancouver, B.C., reported to have offered post-graduate courses through an extension department; apparently there were no resident courses. An herbology course was offered but no other naturopathic subject was taught by this school. Fifteen or twenty years ago there was an unsuccessful attempt made in Quebec to start a school of naturopathy; and there has been interest by professional leaders in British Columbia and Alberta in a professional school. Throughout the history of naturopathy in Canada, however, practitioners have been trained elsewhere – largely in the United States.⁴

Since 1955 the Canadian Naturopathic Association has had several proposals under consideration relating to professional training in Canada.⁵ The first of these would be the most costly, as it would involve the establishment of a naturopathic college in this country. The second involves the provision of a chair or chairs in naturopathy either at the Canadian Memorial Chiropractic College or at one of the Canadian universities; to date it has not been possible to conclude such arrangements.⁶ Consequently, naturopathic leaders in Canada have supported the National College of Naturopathic Medicine in Seattle, Washington.⁷ It is now the official position of the Canadian Naturopathic Association that it would be impractical to establish a college of naturopathy in Canada at this time. Rather, it is suggested that a programme be inaugurated to subsidize study outside Canada.⁸

³ *Collège des chiropraticiens de la province de Québec*, mémoire à la Commission royale d'enquête sur l'Enseignement, 1961, Annexe III. This interest was also reported in the *Montreal Gazette*, October 17, 1960: "They [The College of Chiropractors of the Province of Quebec] feel they have now been established long enough in Quebec to have a training centre of their own".

⁴ Three schools of naturopathy are approved by the Canadian Naturopathic Association: for undergraduate and post-graduate studies – The National College of Naturopathic Medicine in Seattle, Washington, (owned by the profession) and the Central States College of Physiatrics in Ohio; for post-graduate studies only – Sierra States College in Los Angeles, California.

⁵ *Canadian Naturopathic Association*, brief to the National Department of Health and Welfare, March 10, 1955; Exhibit "A", pp. 1 and 2.

⁶ *Executive Report to the Canadian Naturopathic Association*, 1955, pp. 2 and 3.

⁷ This college was the creation of members of the profession. It was developed in part as a consequence of the elimination during the 1950's of naturopathic curriculum by the National College of Chiropractic in Chicago and the Western States Chiropractic College in Portland, Oregon. These two schools formerly trained a number of Canadian naturopaths, as may be seen later in this chapter. (Source: personal communication from Archivist, Canadian Naturopathic Association, October 3, 1962.)

⁸ *Canadian Naturopathic Association*, A Brief Respecting National Health Services, submitted to the Royal Commission on Health Services, Vancouver, January 1962, pp. 8 and 9.

In recent years the osteopathic profession in Canada has undertaken serious consideration of a Canadian college of osteopathy.⁹ To that end a Board of Governors of the proposed Canadian College of Osteopathy and Surgery has been appointed and meets regularly under the aegis of the Canadian Osteopathic Association. As is noted in the *Canadian D.O.*:

. . . During the meetings held in conjunction with the 1961 COA Canadian Osteopathic Association Convention, the Board studied further proposals for the financing of the project, gave further consideration to proposed locations, and initiated the study and procedure for obtaining a charter.

No concrete steps have yet been possible, but much of the preliminary preparation has been accomplished. The Board remains convinced that the solution to the problem of a rapidly shrinking profession lies in the accomplishment of the establishment of a college in Canada, and is confident that the project will become a reality . . .¹⁰

Since 1946, members of the osteopathic profession in Canada have fostered the programme of the Canadian Osteopathic Education Trust Fund. The activities of the Fund have centered about providing scholarships for Canadian students entering into osteopathic studies, issuing grants to osteopathic colleges where Canadian students have been studying, providing post-graduate fellowships and supporting efforts to establish a college in Canada.

Canadian Memorial Chiropractic College

It is the largest of these groups which has developed the provision of Canadian professional training most extensively. The formal antecedents to the establishment of the Canadian Memorial Chiropractic College go back to a meeting held in Ottawa in January 1943. Chiropractors from all over the nation came together to discuss the formation of a professional association.¹¹ One of the matters considered at that time, and subsequently, was making professional education available in Canada. It was felt that there was a need to provide chiropractic education "keyed to Canadian situation", with emphasis on "high academic standards".¹²

The school gained further impetus when on January 3, 1945, the Canadian Association of Chiropractors was incorporated in the province of Ontario. Among the objectives of the organization was the establishment of the Canadian Memorial

⁹ Lauder, D.F., "Canadian College of Osteopathy"; *Canadian D.O.*, Vol. 1, No. 3, pp. 13-14.

¹⁰ *Ibid.*, p. 2. *Province of Quebec Osteopathic Association*, brief submitted to the Royal Commission on Health Services, Montreal, April 1962, p. 5.

¹¹ This professional group was then named the Dominion College of Canadian Chiropractors; it was incorporated under Federal charter on December 10, 1953, under the name of the Canadian Chiropractic Association.

¹² Personal interview with the former Dean, *Canadian Memorial Chiropractic College*, July 1962.

Chiropractic College. The charter of that corporation, among other things, includes the following provisions:

To promote the development of the science of chiropractic and to compile, make available and disseminate information relating thereto for the use and benefit of the members of the corporation and the general public; to improve the professional standing of the members of the corporation and do whatever may be calculated to be of use or benefit to the members in their application of the science of chiropractic; to establish, conduct, dispose of schools for the study of chiropractic and the practice thereof, and other subjects relevant thereto.¹³

The College was established in Toronto; the present-day corporate name of "Canadian Memorial Chiropractic College", was established by Supplementary Letters Patent of September 24, 1956. The term "Memorial" in the title makes reference to the founder of the chiropractic profession, Daniel David Palmer, who was born in Port Perry, Ontario, and in whose memory the College was dedicated.

Studies got under way at the College on September 18, 1945. The number of discharged servicemen, veterans of World War II, necessitated the establishment of a second class in January of 1946. The student demands were large enough so that it was necessary to augment the original physical facilities of the College with the addition of a new building, which included laboratories, classrooms and an auditorium. The original building of the College is a remodelled three-storey building.

Students have come to the Canadian Memorial Chiropractic College from all parts of Canada, as well as from Australia, the Bahama Islands, Europe, Great Britain, New Zealand, South Africa, South America, and the United States.

As far as accreditation is concerned, the Canadian Memorial Chiropractic College is fully accredited by the Canadian Chiropractic Association through the agency of the Board of Directors of Chiropractic for the Province of Ontario, consisting of five members. This same Board also acts as an accrediting agency for the American Chiropractic Association of the United States, with which the College is also fully accredited.

School Organization and Administration

There is a Board of Directors for the Canadian Memorial Chiropractic College whose members are elected from the various provinces in the nation. British Columbia, Alberta, Saskatchewan, Manitoba and Quebec each provide one member for the Board; the Maritimes Division, composed of Newfoundland, Nova Scotia, Prince Edward Island and New Brunswick, provides another member; and Ontario provides nine members to the Board. Thus the Board consists of 15 members who deal with the basic policy issues of the College. The Board of Directors ordinarily meets once a year.

¹³ *Canadian Memorial Chiropractic College*, a brief submitted to the Royal Commission on Health Services, Toronto, May 1962, p. 2.

The day-to-day operations of the College are conducted by a Board of Management which consists of the nine elected members of the Board of Directors who come from Ontario. These individuals on the Board of Management ordinarily meet monthly.

At the time of this study the Board of Directors elected its own officers, consisting of a Chairman of the Board, a Vice-Chairman, and a Secretary-Treasurer. The Board of Directors appointed the Dean and the Registrar of the College, who acted as ex-officio members of the Board of Directors and the Board of Management. The College administration consisted of a President, Dean, Business Administrator and Registrar, Assistant Registrar and Director of Public Information. The President of the College concerned himself with matters of major policy rather than with matters of day-to-day operation. The latter functions were more apt to fall to the Dean, Business Administrator and Registrar and their subordinates within the College administration. The deanship of the College was a full-time position, as were both the Business Administrator and Registrar, and Assistant Registrar positions. The position of Director of Public Information for the College was a part-time position.

The Faculty consisted of 14 members during the academic year 1962-63. There was also a somewhat distinct Clinic organization composed of a Clinic Director, a Clinic Supervisor, a Laboratory Supervisor, an X-ray Supervisor, and a Receptionist. There was a Director of Research for the College, who was also one of the members of the Faculty and a Head of Extension Studies, along with a Dean Emeritus. Superimposed on these offices was the Canadian Memorial Chiropractic College Corporation, which is composed of all practising chiropractors in British Columbia, Alberta, Saskatchewan, and Manitoba, all of whom are required to maintain membership in the Corporation. (Legislation in Ontario and New Brunswick does not now permit this compulsory participation in, and attendant financial support of the College.)

School Finances

Financially, the Canadian Memorial Chiropractic College is a private, non-profit college, which has supported itself almost entirely on contributions from members of the chiropractic profession and from fees provided by student tuition.¹⁴ In this latter connection, students paid a tuition fee of \$500 per year in 1962-63, as compared to \$300 per year when the College first opened its doors in 1945.

The increase in tuition was necessitated primarily by two pressures, the first of which was a decrease in enrolment after the considerable influx of students whose fees were paid by the Canadian Department of Veterans' Affairs and the

¹⁴ Nearly one-eighth of the Canadian chiropractors studied in the Royal Commission survey maintain membership in the Canadian Memorial Chiropractic College Association which provides alumni support for the College; 8 per cent of the osteopaths, 3 per cent of the naturopaths, and none of the chiropractor-naturopaths had memberships in professional school alumni associations.

Veterans' Administration of the United States. The other pressure was the increase in the annual operational cost of educating each student, which has risen nearly fivefold since 1950. During the first sixteen years of operation, cash contributions to the College from members of the Canadian Chiropractic Profession averaged about \$10,000 per year, and slightly over \$15,000 per year was given by the profession to capital costs. As mentioned earlier, all practitioners in the four western provinces are assessed to support the College, and in Ontario dues for the provincial professional association include an assessment for College support.¹⁵

The total fixed assets of the Canadian Memorial Chiropractic College in 1962 were reported to be \$245,867.69.¹⁶ As of January 1963, the "real fixed assets value are approximately" \$600,000 for "land and building value", and \$45,000 for "equipment value".¹⁷

Conversations with officials at the Canadian Memorial Chiropractic College indicated that it is their feeling that most of the College's basic problems are financial. In order to alleviate some of these difficulties, College officials have been exploring the possibility of affiliation with one of the regional universities, perhaps in Ontario where students might undertake pre-chiropractic education which could cover much of the student's basic sciences requirements. (This parallels a co-operative arrangement under study by the optometrists who have been attempting to affiliate with one of the larger universities in Canada.) It is well known that basic sciences education necessitates a large expenditure for equipment to stock the classrooms and laboratories adequately. Thus, Canadian Memorial Chiropractic College might then concentrate on providing courses and training facilities which dealt more specifically with the chiropractic healing art, *per se*.

In addition, the Canadian Memorial Chiropractic College embarked on a fund-raising drive in 1962, referred to as their expansion fund, seeking to raise a total of \$1,500,000; of this total amount, \$350,000 was scheduled to come from Doctors of Chiropractic who reportedly had pledged this amount by mid-1962.¹⁸ The College

¹⁵ *Canadian Chiropractic Association, Ontario Division, op. cit.*, para. 78.

¹⁶ *Canadian Memorial Chiropractic College, "Statement of Affairs"*, August 1962.

¹⁷ Letter from the Dean, *Canadian Memorial Chiropractic College*, January 16, 1963.

¹⁸ In this respect, then, the chiropractors have been asked to do something similar to that which is expected of the osteopaths:

... members of the osteopathic profession are called upon and are expected to contribute to the development of their profession far more than is usually required by other professions. An osteopathic physician pays dues to his district society, to his state society, and to his national organization. The average osteopathic physician pays several times more annually in the way of such dues as do the physicians with the M.D. degree. Osteopathic physicians are called upon to contribute far more to their educational institutions and their hospitals than are physicians with the M.D. degree. (Mills, L.W., *Opportunities in Osteopathy*; New York: Vocational Guidance Manuals, Inc., 1960, p. 82.)

Chiropractic, naturopathic and osteopathic practitioners have for many years borne the major financial burden associated with support of their professional schools. In recent years, however, colleges of osteopathy and osteopathic hospitals have received certain forms of United States federal and state government hospital and research subsidization, in addition to the veteran's benefits going directly to students. But the fact still remains that of the \$3,031,049 provided for osteopathic education and research in 1961 in the U.S.A., 32 per cent came from the profession, 47 per cent from other non-government sources, and the remaining 21 per cent from federal and state government grants.

hoped that \$400,000 will come from foundation and government sources,¹⁹ and that the remaining \$750,000 will come in the form of gifts from corporations, individuals outside the profession and organizations.²⁰ To this end, the College had persons in their employ seeking such donations in various parts of the nation.²¹

School Facilities

At the time of this study the Canadian Memorial Chiropractic College was housed in two buildings near the University of Toronto in Ontario, one a former hotel modified to suit certain needs of the College, the other erected by the College in 1947 for educational purposes. The two buildings provided approximately sixteen thousand square feet of usable floor space. The original building housed administrative offices, a clinic, a library, and a few other minor functions. The newer one, which constitutes 60 per cent of the total usable floor space, accommodate chemistry laboratories, X-ray, dissection and related scientific facilities, along with classrooms and an auditorium. As then constituted, the College could accommodate 200 students.

Specifically there were five lecture rooms, excluding laboratory and manipulative procedures demonstration rooms, at the College, with an average seating capacity of 60 students each.

There were two conventionally equipped chemistry and biology laboratory rooms, totalling 1,850 square feet of floor space and accommodating a total of 36 students at any one time. A refrigerated morgue for cadaver storage occupied 624 square feet. The diagnostic X-ray facilities consisted of:

. . . a 200 MA kelekot unit with motorized table, undertable fluoroscope tube with collimators on both tubes; lead aprons, gloves and red goggles; vertical 36" bucky with precision turntable and postural films; tilt panel with 14" 100-line grid; vertical chest plate panel; 36-inch illuminators in each "treatment" room and in each consultation room; 14 additional illuminators in class room which can be darkened; over 3,000 35 mm teaching slides plus 2,000 teaching films including bone and soft tissue pathologies.²²

¹⁹ As far as government grants are concerned the College must, among other things, first maintain an enrolment of 200 students for a period of no less than three years. This must be accomplished before the Canadian Conference of Colleges and Universities will authorize the government contribution of the standard per-student grant which now stands at \$2.00 per student per day. Given the 1962-63 enrolment of 115 students, the College is not as yet eligible for such per-student grants. Enrolment trends are discussed in detail at the end of this chapter.

²⁰ The Canadian Memorial Chiropractic College Expansion Fund office, Toronto, 1962.

²¹ In 1958 the colleges of osteopathy spent a total of \$7,000,000; in 1959 it was reported that osteopathic education support from endowment income, governmental grants, and non-governmental grants and gifts had been increasing: "The Osteopathic Progress Fund, established in 1943 as a cooperative fund-raising program of the American Association of Osteopathic Colleges and the American Osteopathic Association, has raised in excess of \$6 million for budgetary support of osteopathic education. This fund is currently producing well over \$700,000 per year of unrestricted financial aid for the . . . colleges." (U.S. Dept. of Health, Education, and Welfare, *Physicians for a Growing America*, Washington: U.S. Government Printing Office 1959, pp. 44-45 and p. 51.)

A further example of government support involves the Philadelphia College of Osteopathy which starting in 1963 was allocated \$1,000,000 annually by the Pennsylvania state legislature. (*American Journal of Osteopathy*, Vol. 62, February 1963, p. 481.)

²² Letter from the Dean, *Canadian Memorial Chiropractic College*, January 16, 1963.

The library, 225 square feet in area, with seating for ten persons, was ordinarily open for student use an average of 2.8 hours per day. Early in 1963 it housed about 1,200 volumes of books and maintained subscriptions to ten professional journals — all catalogued. These library resources of the Canadian Memorial Chiropractic College were, in effect, supplemented by those of the University of Toronto in that the University authorized library use privileges to students of the College. Books and journals could be used on the premises of the University of Toronto, and access to certain specimens housed in various of the zoological science facilities at the University of Toronto was given.

The out-patient clinic contained eight examination rooms, and thirteen ‘‘treatment’’ rooms, of some 4,700 square feet. There was a clinic laboratory which ‘‘...renders diagnostic services in the form of urinalysis, blood analysis, sputum and smear examinations, electrocardiography, basal metabolism, etc. The laboratory also serves practicing chiropractors.’’²³

The auditorium had a seating capacity of 450 persons. The original building provided residence facilities for 14 students, and there was a cafeteria on the College premises.

As indicated above, the Canadian Memorial Chiropractic College had plans on the drawing boards for considerable expansion of their existing facilities. The \$1,500,000 expansion programme included, among other things, a research center of some 1,000 square feet to be set aside for the development of new and improved chiropractic techniques. (At the time of study there was no space devoted exclusively to research undertakings.) A modern clinic facility was planned to replace that housed in the original building of the College. One of the new buildings was designed to include a technique demonstration theatre, a dissection theatre, a chemistry laboratory, a bacteriology laboratory, a physiology laboratory, an amphitheatre, and four new classrooms. There was also provision for recreational facilities for the students — a gymnasium, and a swimming pool.

The first of these two new buildings was to be situated on property already owned by the College adjacent to the existing buildings. However, the provision of new buildings was delayed for an indefinite period of time by the construction of an extension of the Toronto subway system which runs under part of the College’s property. College officials contended that until the subway work had been completed and suitable property settlements accomplished, it would not be feasible for the College to undertake any further expansion of their physical plant.

In regard to the adequacy of physical facilities, the Canadian Memorial Chiropractic College has used as its model the statement prepared by the National

²³ *Canadian Memorial Chiropractic College Calendar, 1962-63, Toronto, p. 6.*

Chiropractic Association of the United States which set forth certain objective standards for adequate facilities for accredited chiropractic education.²⁴

Faculty

The academic organization comprised a Department of Anatomical Sciences, Department of Basic Science, Department of Symptomatology, Pathology and Diagnosis, and a Department of Roentgenology. The Canadian Memorial Chiropractic College had fourteen teaching faculty in the College during the year 1962-63 (Table V-1). Three of these faculty members had liberal arts and/or sciences degrees, for example, B.Sc., D.Sc., Ph.D. The remaining members of the faculty had Doctor of Chiropractic degrees (D.C.), as well as some other degrees such as B.Paed. and R.N. The four professional members of the out-patient clinic staff have D.C. degrees. Instruction at the College is supplemented as required by practitioners in the Toronto area who provide lectures in their specialties but they are not listed among the faculty of the College.

Several members of the teaching staff who do not as yet possess liberal arts or sciences degrees are working toward them at the University of Toronto. The College is desirous that all of its faculty members possess such degrees, so that it will be possible to transfer credits of students who have attended Canadian Memorial Chiropractic College to other schools of higher professional education. Such a move would also facilitate the affiliation of the College with liberal arts colleges or universities.

For the 1962-63 academic year, the faculty-student ratio for the College was one faculty member for every 3.4 entering freshmen students.²⁵ The over-all faculty-student ratio in that same year was one faculty member for every 8.2 students in the College.

²⁴ This is similar to the policies followed by other of the major healing arts in Canada. For example, medicine is guided in its accreditation of medical schools by the actions of the Council on Medical Education and Hospitals of the American Medical Association and the Association of American Medical Colleges which have provided, from time to time, committees to evaluate the adequacy of medical educational facilities in Canada as well as in the United States.

Similarly with dentistry, the Council on Dental Education of the Canadian Dental Association has prepared a statement entitled "Minimum Requirements for the Approval of a Dental School," and this sets forth in broad terms those features which are felt to be important in the provision of such educational facilities. This pamphlet notes that the Council will examine the type of building, the equipment of the classrooms, laboratories, clinics, and general conditions in which they are found to exist. In the library they are concerned with the convenience, accessibility, proper management and availability of funds for the purchase of books. These guide-lines have been set down in only very broad terms (p. 11).

²⁵ The U.S. Public Health Service sets forth the viewpoints of officials from government, hospitals, and universities concerning medical education. Their intention is that the estimates provided serve as working statements of requirements for medical education programs, and they are intended only as a general guide. One suggestion which is made is that there should be one full-time basic sciences faculty member for each 1.8 to 1.9 entering students. Similarly, it is suggested that there be one clinical sciences faculty member for each 1.0 to 1.1 entering students at medical educational schools. According to one medical authority, Canadian equivalents of such figures have not been worked out; but in the past the Canadian pattern in such respects generally follows the American precedent by about one decade. Ideal standards aside, it is known that for two recently established Canadian medical schools one offers a full-time medical science faculty member for each 1.3 entering students, whereas another newly established Canadian medical school offers one medical science faculty member for each 1.8 entering students. Moreover, in one of the same two medical schools there is one full-time clinical faculty member for each student, and in the other there is one full-time clinical staff member for each 1.3 students. (U.S. Public Health Service, *Medical School Facilities, Planning Considerations, 1961*, Publication No. 874, Washington: U.S. Government Printing Office, 1961).

TABLE V-1
ACADEMIC AND PROFESSIONAL DEGREES HELD, FIELDS OF INSTRUCTION,
AND TEACHING LOADS OF CANADIAN MEMORIAL CHIROPRACTIC
COLLEGE FACULTY FOR 1962-63

Faculty Member	Academic and Professional Degrees ¹	College or University ²	Field of Instructor at C.M.C.C.	Weekly Teaching Load
Instructor A	D.C.	Palmer	Chiropractic	3 hours
Instructor B	D.C.	Lincoln	X-Ray	11
Instructor C	D.C.	National	Physiology	3
Instructor D	D.C.	C.M.C.C.	Chiropractic	11
Instructor E	D.C.	C.M.C.C.	Pathology	14
Instructor F	D.C.	C.M.C.C.	Anatomy	16
Instructor G	D.C.	National	Chiropractic	3
Instructor H	D.C.	National	Psychology	13
Instructor I	D.Sc., Ph.D.	U. of T.	Bacteriology	7
Instructor J	R.N., D.C.	C.M.C.C.	First Aid	2
Instructor K	B.A., B.Ed., B.Paed.	U. of T.	Chiropractic	2
Instructor L	B.Sc.	U.B.C.	Chemistry	11
Instructor M	D.C.	Lincoln	Chiropractic	2
Instructor N	D.C.	C.M.C.C.	Diagnosis	5

¹ D.C. - Doctor of Chiropractic; D.Sc. - Doctor of Science; Ph.D. - Doctor of Philosophy; R.N. - Registered Nurse; B.A. - Bachelor of Arts; B.Ed. - Bachelor of Education; B.Paed. - Bachelor of Paediatrics; B.Sc. - Bachelor of Science.

² Palmer College of Chiropractic, Davenport, Iowa; Lincoln Chiropractic College, Indianapolis, Indiana; National College of Chiropractic, Chicago, Illinois; C.M.C.C. (Canadian Memorial Chiropractic College), Toronto, Ontario; U. of T. (University of Toronto), Toronto, Ontario; U.B.C. (University of British Columbia), Vancouver, British Columbia.

Source: Dean, *Canadian Memorial Chiropractic College*, 1962.

Reference is made in the College brief to the existence of "modest salary schedules"²⁶ and to a desire that "...faculty salaries be expanded to equal the requirements of state supported educational institutions. . ."²⁷ The provision of tenure arrangements for faculty at Canadian Memorial Chiropractic College were being studied in 1962.

Student Recruitment

It was estimated by the Registrar that most of the applicants to the College have had some prior contact with chiropractic and/or the chiropractic profession.²⁸ A number of methods have been employed in the recruitment of students to the Canadian Memorial Chiropractic College. Guidance information pamphlets have been prepared by the College and are distributed through practitioners across the

²⁶ *Canadian Memorial Chiropractic College*, op. cit., p. 11.

²⁷ *Ibid.*, p. 55.

²⁸ Chapter IV in this study describes the reasons given by practitioners for becoming interested in chiropractic as a career.

nation as well as through vocational guidance counsellors in school systems. Also, there is a booklet published by the Ontario College of Education Guidance Center which is distributed through their normal channels of dissemination. Motion pictures on chiropractic are available through a commercial distribution service in Toronto. A film-strip for classroom use is available directly from the office of the Director of Public Information at the College, along with the pamphlets mentioned earlier. Vocational guidance counsellors have been invited to the College for the purpose of acquainting them with Canadian Memorial Chiropractic College and the profession of chiropractic. Established practitioners in the field speak to student groups during high school "career days". To establish the degree of interest of prospective students, the Registrar of Canadian Memorial Chiropractic College recommends that interested candidates visit two or three chiropractors' offices to become acquainted further with the kinds of services provided by chiropractic practitioners.

The formal recruitment function in the osteopathic profession is somewhat centralized:

"The Office of Education of the American Osteopathic Association has many levels of interest, but primary among them is the field of vocational guidance. The Director of that office . . . has rendered invaluable service to the profession in developing the interest of educators in the liberal arts colleges in the educational program of the osteopathic profession . . .

For the first time in the history of the profession in Canada, a formal visitation has been made [in 1961] to several Canadian universities and colleges on behalf of the Osteopathic profession. The results . . . have been excellent . . ."²⁹

The Vocational Guidance Committee of the Canadian Osteopathic Association has been engaged in the following activities:

Over the past few years this committee has mailed booklets on the osteopathic profession to the guidance teachers and principals of all high schools across Canada The Canadian Osteopathic Association owns two excellent films, "Physician and Surgeon, D.O." and "For a Better Tomorrow". . . Every time they have been shown, before high school student bodies, service clubs, Parent-Teachers Associations, etc., they have been well received.

In addition, two mailings of vocational guidance material have been made to libraries across Canada. All urban libraries and many district libraries serving rural areas have been covered. There are frequent requests for information about the profession in libraries, so an effort has been made to supply information to the librarians.³⁰

These measures are supplemented by many of those noted above for the chiropractic profession.

²⁹ *Canadian D.O.*, Vol. 1, No. 5; December 1961, p. 11.

³⁰ Church, W.K., "Vocational Guidance Committee Informal Report to the Profession", *Canadian D.O.*, Vol. 1, No. 2, June 1961, pp. 14-15.

Naturopathic recruitment for their professional schools appears to utilize informal intra-professional methods for the most part.

Student Entrance Requirements

A student wishing to enter the Canadian Memorial Chiropractic College must present to the College the Ontario Grade 13 Certificate, or its equivalent. These equivalent credentials range all the way from completion of "Grade 12 certificates" in several provinces, to "university entrance", "senior matriculation", "first year of university" in one of the provinces, and "first year of college" credits from the United States. There is also the entrance requirement that an average grade standing of 60 per cent has been obtained in English and any six of the subjects listed below: algebra, botany, chemistry, geography, geometry, language, physics, trigonometry, and zoology.

These formal entrance requirements are supplemented by certain admission standards which have been established by the Registrar. In this procedure, the Registrar interviews all candidates and assesses if there is any gross physical impairment of the candidate, his attitude toward his academic studies and his apparent interpersonal adjustment.

Entrance requirements for the other two health services under study necessarily involve United States professional schools. A comparison indicates that osteopathy requires the largest amount of pre-entrance academic education of any of the three professions, with three years of college or university training necessary before professional osteopathic training may be undertaken.³¹ The testing programme for potential entrants includes the Medical College Admissions Test (which is administered by the Educational Testing Service, Princeton, New Jersey) for most persons admitted to osteopathic colleges.³²

In the instance of naturopathy, pre-professional requirements vary according to the college — one requiring "first grade graduation" from high school, the other (and larger) naturopathic college requiring two years of accredited college or university education before entrance to the professional school.³³

³¹ In recent years, over seven-tenths of entering freshmen in osteopathic training were found to have acquired bachelor's degrees — that is, four-year degrees — before beginning professional training in osteopathic medicine. (Mills, W., "Osteopathic Education", *Educational Supplement*, Vol. 14, No. 1; January 1962, pp. 9 and 13.)

³² Mills, W., *The Osteopathic Profession and Its Colleges*, Office of Education, American Osteopathic Association, Chicago, Illinois, November 1961, p. 11.

³³ The Council on Dental Education of the Canadian Dental Association notes that "all candidates for admission to an approved dental school shall possess successful standing in at least two academic years of arts and science in a recognized college or university, including one year of English or French, mathematics, biology, chemistry, and physics". In the instance of medicine, pre-professional requirements in Canada range all the way from one year to three years of arts and science college work as prerequisite to undertaking professional medical studies. With osteopathy, minimum specifications are set down for the three-year pre-osteopathic curriculum, with college courses in organic chemistry, inorganic chemistry, biology, English, and physics.

Student Costs and Support

Tuition at Canadian Memorial Chiropractic College was \$500 per year in 1962-63. The student could pay tuition on a semester or per month basis, the latter at a slightly larger fee. (For those students who elected to take the optional course in drugless therapy, there was an added charge of \$40.)

There was a registration fee of \$75 for all students which covered laboratory fees, students' administrative council fees and a diploma fee for the four-year period. To this must be added the cost of books and supplies, which total \$440 for the four-year period. Thus, during his four-year stay, the student at Canadian Memorial Chiropractic College had to pay more than \$2,500 directly to the College for tuition, books and equipment. Living expenses are additional.³⁴ Table V-2 shows a comparison of certain Canadian Memorial Chiropractic College student costs to those student costs for naturopathic and osteopathic training in the United States. This indicates that students of osteopathy encounter school expenses at least twice as great as those encountered by either chiropractic or naturopathic students.

The 1962-63 total cost of tuition at Canadian Memorial Chiropractic College (\$2,000) should be viewed in the light of the fact that it was estimated by the College that the actual costs to the College amounted to about \$4,800 to maintain the student during the four-years stay at school. Consequently, there was in effect a deficit of approximately \$2,300 for each student which had to be subsidized by members of the chiropractic profession and others. Government loans, bursaries or grants-in-aid have not been available to students at Canadian Memorial Chiropractic College. No scholarships were provided by philanthropic or industrial organizations at the time this study was undertaken.

Nearly two-fifths (38 per cent) of the 683 students who graduated from the Canadian Memorial Chiropractic College by 1962 were supported by either the Department of Veterans' Affairs of Canada or the United States Veterans' Administration.³⁵ This support covered all fees, textbooks and equipment, as well as certain living allowances. Most of the veterans of the Second World War and the Korean War have now completed their education, however, and this source of support no longer constitutes a significant factor in meeting student costs.

The College, through members of the profession in Canada who are supporting it, provides a bursary which is offered each year on a competitive basis covering full tuition for the second year. There is also a foreign student aid award offered annually which provides full tuition for the entire four-year period. A Canadian Memorial Chiropractic Alumni Scholarship is provided by the British Columbia Chapter. This yearly scholarship is made available to students from that province only, and provides full

³⁴ Data are not available on the Canadian Memorial Chiropractic College student cost of living in Toronto. Estimates of these costs for naturopathy and osteopathy students in the United States range from about \$2,200 minimum for the former to \$4,800 for the latter group. This is for the entire four-year period.

³⁵ Letter from the Director of Public Relations, *Canadian Memorial Chiropractic College*, October 1962.

TABLE V-2
COMPARAISON OF CERTAIN FOUR-YEAR PROFESSIONAL EDUCATION COSTS
FOR STUDENTS OF CHIROPRACTIC, NATUROPATHY AND OSTEOPATHY

Source of Cost	Approximate Minimum Amounts of Costs For all Four Years		
	Chiropractic ¹	Naturopathy ²	Osteopathy ³
	\$	\$	\$
Tuition and fees (e.g., activity, laboratory, health)	2,075	2,035	4,125
Books and instruments	440	390	1,140
Totals	2,515	2,425	5,265

¹Canadian Memorial Chiropractic College only, 1962-63.

²National College of Naturopathic Physicians (Seattle) only, for 1962-1963. Data from Central States College of Physiatics are not included here because of the relatively small number of graduates, and the fact that educational costs are only about three-fifths that of NCNP; thus, conclusions drawn from combined data for the two schools would be misleading as NCNP data alone represents the more "typical" picture.

³Combined data from Chicago College of Osteopathy, College of Osteopathic Medicine and Surgery (Des Moines), Kansas City College of Osteopathy and Surgery, Kirksville College of Osteopathy and Surgery (Missouri) and Philadelphia College of Osteopathy, for 1962-63.

Source: Catalogues of the above mentioned colleges, 1962-63.

tuition for the first year. Annually, the Saskatchewan Chapter of the Canadian Chiropractic Association makes available a \$100 scholarship to any third or fourth year student from Saskatchewan who is willing to practise at least two years in that province after he has completed his graduation. There are also some limited provisions for graduate loans which are made available through a revolving loan fund and alumni association assistance. Mention should also be made of the Student Loan fund, where small emergency loans are extended to students by the College at a moderate rate of interest.

Of the two undergraduate schools of naturopathy which are approved by the Canadian Naturopathic Association, only the catalogue of the National College of Naturopathic Medicine makes explicit mention of scholarships: "All naturopathic students recognized by the Veterans' Administration for training under P.L. 550 will be granted \$90 a year scholarship. Other scholarships are being made available by a number of state and provincial naturopathic organizations . . ."³⁶

³⁶National College of Chiropractic Medicine Catalog 1960-61, 1962-63; Portland, Oregon; p. 12. Another naturopathic school, the Central States College of Physiatics, notes this about earning expenses: "While it is possible for some students to 'earn as they learn' by holding part-time jobs while in college, we emphatically do not recommend such a course. Our schedule is a full one and will require practically all of the students' time". (Central States College Catalog, Eaton, Ohio; undated; p. 11). On this matter the Canadian Memorial Chiropractic College takes this position: "Students may wish to earn some part of their expenses. There are several large business districts within easy reach of the College. The securing of employment is the students' own responsibility". (Canadian Chiropractic College, Calendar 1962-63, Toronto, p. 10). In osteopathy: "Training in an osteopathic college calls for long hours of classroom and laboratory work and preparation. Only a very few students find it possible to earn much of their expenses during the professional college course. Each college usually employs students as laboratory assistants and as clerical assistants. Most of these jobs, however, are performed by upper classmen." (Mills, L.W., *The Osteopathic Profession and its Colleges*, op. cit., p. 15).

The Canadian Osteopathic Educational Trust Fund has as one of its activities “. . . a scholarship programme which has enabled several Canadian students to enter osteopathic colleges and to complete their education as osteopathic physicians”.³⁷ In addition to this:

The American Osteopathic Association maintains a student loan fund for qualified juniors and seniors in approved osteopathic colleges. Some of these individual colleges maintain loan funds and scholarships. Some scholarships are awarded to incoming freshmen and others to students who have completed a part of their osteopathic training. A few state osteopathic organizations and individual osteopathic physicians also award scholarships annually to students in their districts.³⁸

The Curriculum

The curriculum at Canadian Memorial Chiropractic College comprised a total of 5,319 hours of lecture, laboratory and clinic instruction in 1962-63. A comparison of this offering with United States colleges of naturopathy and osteopathy is presented in Table V-3 which shows that the Canadian Memorial Chiropractic College stands

TABLE V-3
A COMPARISON OF TOTAL INSTRUCTIONAL HOURS IN CHIROPRACTIC,
NATUROPATHIC AND OSTEOPATHIC COLLEGES,
1962-1963

Type of School	Total Hours of Instruction
<i>Chiropractic</i>	
Canadian Memorial Chiropractic College	5,319
Average for 14 accredited chiropractic schools (U.S.).....	4,467 ¹
<i>Naturopathy</i>	
Central States College of Physiatics	4,590
National College of Naturopathic Medicine	4,706
<i>Osteopathy</i>	
Chicago College of Osteopathy	6,004
College of Osteopathic Medicine and Surgery	5,724
Kansas City College of Osteopathy and Surgery	5,442
Kirkville College of Osteopathy and Surgery	5,689
Philadelphia College of Osteopathy	6,200

¹ The range is between 4,200 and 4,704 hours.
Source: Catalogues of the schools listed, 1962-63.

³⁷ Board of Trustees, Canadian Osteopathic Educational Trust Fund; Montreal, Quebec.
³⁸ Mills, L.W., *The Osteopathic Profession and Its Colleges*, op. cit., p. 15.

about mid-way in the range of total hours devoted to instruction. This table also indicates that on the average osteopaths receive in excess of 1,000 more hours of professional training than do the naturopaths, and perhaps half that amount more than the chiropractors. During the four nine-months academic years at CMCC the student covers sixty courses, ranging from basic sciences to diagnosis to subjects on prevention, therapeutics and professional development. Table V-4 shows the four-year course curriculum for the College as reported in the academic year 1962-63.

Table V-4 also presents course offerings grouped into semesters and years. Each of the courses is classified as to its content and the number of hours devoted to lecture and laboratory work. Examination of this table indicates the following: of the total of 5,319 lecture, laboratory and clinic hours, 4,194 hours were devoted to

TABLE V-4
FOUR-YEAR COURSE CURRICULUM OF THE CANADIAN MEMORIAL
CHIROPRACTIC COLLEGE, 1962-63, CLASSIFIED ACCORDING
TO CONTENT AND HOURS OF INSTRUCTION

Content Classification ¹	Course Title	Hours of Instruction	
		Lecture	Lab
<i>First Year, First Semester</i>			
a	Anatomy I (Osteology and Arthrology).....	90	0
a	Chemistry I (General).....	18	72
a	Histology.....	54	54
e	Philosophy & Principles I	54	0
a	Physiology I	54	54
d	Technique I.....	36	54
<i>First Year, Second Semester</i>			
a	Anatomy II (Myology).....	72	18
a	Anatomy III (Splanchnology)	72	36
a	Chemistry II (Organic)	54	36
a	Embryology	90	36
a	Physiology II	36	0
d	Technique II	0	90
<i>Second Year, First Semester</i>			
a	Anatomy IV (Central Nervous System).....	90	0
a	Bacteriology I	54	0
a	Chemistry III (Biochemistry).....	54	72
b	Diagnosis I	54	0
a,b	Orthopaedics	36	0
e	Philosophy & Principles II	36	0
a	Physiology III	36	18
d	Technique III	0	54
d,e	X-Ray I.....	36	0
<i>Second Year, Second Semester</i>			
a	Anatomy V (Peripheral Nervous System).....	90	0
a	Bacteriology II	54	72
b	Diagnosis II.....	54	0
a,b,c,d	Pathology I	72	18
a	Physiology IV	72	0
a	Physiology V	72	0
d	Technique IV.....	0	72

TABLE V-4 (Concl.)

Content Classification ¹	Course Title	Hours of Instruction	
		Lecture	Lab
<i>Third Year, First Semester</i>			
a	Anatomy VI (Angiology)	90	0
b	Diagnosis III	90	0
b	Laboratory Diagnosis	54	54
a,b,c,d	Pathology II	72	36
e	Philosophy III	36	0
d	Technique V	0	54
b,d	X-Ray II	18	36
<i>Third Year, Second Semester</i>			
a	Anatomy VII (Human Dissection)	0	108
b,d	Diagnosis IV	90	0
b	Eye,, Ear, Nose & Throat	54	0
a,b,c,d,	Pathology III	72	36
c	Sanitation & Public Health	54	36
d	Technique VI	0	36
b	X-Ray III	0	54
<i>Fourth Year, First Semester</i>			
b,d	Dermatology	36	0
b,d,e	Dagnosis V (Clinical Diagnosis)	36	0
b,d	Gynaecology	54	0
b	Normal Psychology	54	0
b,d	Obstetrics	54	0
a,b,c,d	Pathology IV	72	36
b,d	Pediatrics	54	0
d	Philosophy IV	36	0
d	Technique VII	0	54
b,d	X-Ray IV	54	0
<i>Fourth Year, Second Semester</i>			
b,d	Abnormal Psychology	54	0
e	Board Review	72	0
c	Dietetics	36	0
d,e	First Aid & Emergency Treatment	36	0
d	General Treatment	0	36
e	Jurisprudence & Ethics	36	0
e	Office Management	54	0
d	Technique Specialization	0	54
Total		2,808	1,386
Clinic Internship (induction and out-patient) hours in the third and fourth years		1,125	
TOTAL LECTURE, LABORATORY, CLINIC HOURS		5,319	

¹Content Classification: (a) basic sciences; (b) diagnosis; (c) prevention; (d) therapeutics; (e) professional development. Some of the courses have been assigned more than one content classification letter due to multiple category content.

Source: Canadian Memorial Chiropractic College Catalogue, 1962-63.

lecture and laboratory studies. Of the total 5,319 hours, then, 1,125 hours were set aside for clinical training – both in-patient induction and out-patient care – which constitute about 21 per cent of the total. Thus, about four-fifths of all lecture, laboratory and clinic hours were devoted to what is essentially classroom work, that is, lecture and laboratory hours.

Considering the 4,194 lecture and laboratory hours it may be noted that 2,808, or two-thirds, of the lecture and laboratory hours are devoted to lectures, and the remaining 1,386 hours of the lecture and laboratory time to laboratory work.

Again, examining the 4,194 hours spent in lecture and laboratory work at Canadian Memorial Chiropractic College, 2,178 lecture and laboratory hours are described as having basic science content. Thus, slightly over one-half (52 per cent) of lecture and laboratory time was devoted principally to courses with basic science subject matter. Moreover, 1,402 lecture and laboratory hours have diagnosis content; nearly one-third of the lecture-laboratory time, then, was spent in courses with diagnosis as the subject matter. This is exclusive of clinical training – another 1,125 hours – which deals with both diagnosis and therapeutics.

The student spent a 30-hour week on lecture and laboratory studies during his first two academic years. In his third year the student spent additional time on his clinical assignments and the same is true for the first half of his fourth year. In the second half of the fourth year the class and lecture load was reduced in total hours. To compensate for this, however, the time devoted to clinical work was ordinarily increased.

Table V-5 shows the course designations in several colleges. This comparison involves the courses offered at the Canadian Memorial Chiropractic College, the National College of Naturopathic Medicine in Seattle (which is the largest for the study of naturopathic medicine in North America), the *minimum* curriculum at all five of the accredited United States osteopathic colleges, along with the standard four-year course offerings at the University of Toronto School of Medicine. There are 79 course titles listed on this table.³⁹

The Canadian Memorial Chiropractic College offers 32 of these courses, as indicated by the 1963-64 College catalogue. The accredited schools of osteopathy present a minimum of 37.⁴⁰ The National College of Naturopathic Medicine has the longest list of course designations, namely 41. Examination of the number of hours devoted to courses indicates that some of the courses represent relatively small amounts of the academic year devoted to their teaching, while others involve substantial amounts of time.

³⁹ It should be realized, of course, that what are being compared here are only course designations. The content of some of these courses is not always readily discernible in the course designations, and certain subject matter may in fact be included under designations which fail to indicate the nature of the course content.

⁴⁰ According to the *Journal of the American Medical Association*, "Current curriculums in colleges of osteopathy include all subjects taught in present-day schools of medicine. In addition, there are courses dealing with the musculo-skeletal system and manipulative therapy. The degree of emphasis upon these courses is variable and diminishing. At none of the colleges was there evidence that these courses interfered with the achievement of sound medical education" (July 2, 1955, pp. 737-741).

TABLE V-5
COURSE DESIGNATIONS IN SEVERAL HEALTH SERVICE COLLEGES,
FOR THE FOUR YEARS OF PROFESSIONAL STUDIES

Courses	Type of College			
	Chiro. ¹	Naturo. ²	Osteo. ³	Med. ⁴
Anatomy	X	X	X	X
Applied anatomy				X
Anesthesiology (Anaesthesia)			X	X
Bacteriology	X		X	X
Bacteriology Laboratory	X			
Body Mechanics		X		
Chemistry				
Biochemistry	X	X	X	X
Inorganic chemistry	X	X		
Organic chemistry	X	X		
Pathological chemistry				X
Clinical Microscopy				X
Dermatology	X		X	
Diagnosis	X			
Clinic (al) diagnosis	X	X		
Physical diagnosis		X		
Laboratory diagnosis	X	X		
Dietetics	X			
Trophology		X		
Electrotherapy		X		
Embryology	X		X	X
Endocrinology		X		
First Aid	X	X		
Geriatrics		X		
Gynecology	X	X	X	X
Histology	X	X	X	X
Hydrotherapy		X		
Hygiene			X	
Hypnosis		X		
Immunology			X	
Internship	X		X	
Naturae Medicina Practicum		X		
Obstetrical internship		X		
Manipulative Technique		X		
C Chiropractic technique	X			
Osteopathic technique			X	
Materia Medica			X	
Medicine				X
Botanical medicine, prescription		X		
Internal medicine			X	
Physical medicine				X
Preventive medicine & public health	X		X	X
Tropical medicine			X	
Neurology			X	
Anatomical neurology		X		
Clinical neurology		X		
Neuro-anatomy				X
Visceral neurology		X		

TABLE V-5 (Concl.)

Courses	Type of College			
	Chiro. ¹	Naturo. ²	Osteo. ³	Med. ⁴
Obstetrics	X	X	X	X
Office Management.....	X			
Ophthalmology	X	X	X	X
Orthopaedics.....	X			
Otorhinolaryngology.....			X	
Otolaryngology	X	X		X
Pathology	X	X	X	X
Parasitology			X	
Pediatrics	X	X	X	X
Pharmacology			X	
Philosophy & Principles.....	X	X	X	
Physiology	X	X	X	X
Physiotherapy.....		X		
Practice				
Ethics & Jurisprudence.....	X		X	
Jurisprudence		X		X
Proctology.....				X
Psychology		X	X	X
Psychiatry.....				
Abnormal psychology.....	X			
Normal psychology.....	X			
Radiology (X-ray)	X	X	X	X
Sanitation	X		X	
Semantics		X		
Specialties				X
Surgery.....			X	X
Minor orthopedic surgery.....		X		
Minor surgery		X		
Orthopedic surgery.....			X	
Syphilology			X	
Therapeutics.....			X	X
Comparative therapeutics			X	
Toxicology		X	X	
Urology		X	X	

¹ Chiro. = Canadian Memorial Chiropractic College, Toronto, Ontario.

² Naturo. = National College of Naturopathic Medicine, Seattle, Washington.

³ Osteo. = The five accredited osteopathic colleges in the U.S.A.

⁴ Med. = Faculty of Medicine, University of Toronto, Toronto, Ontario.

Source: Catalogues of the colleges listed, 1962-63.

At Canadian Memorial Chiropractic College the curriculum is presented to the students in the customary variety of pedagogical techniques used in schools of higher learning. There are written examinations, oral examinations, essay papers, reports, lecture classes, seminar classes, laboratory periods, demonstration periods, as appropriate. Various teaching aids are also used, such as films and film strips.

One aspect of the curriculum which is not reflected in the school calendar and which should be noted is the relationship maintained in recent years by the College with a private hospital in Toronto wherein students from the Canadian Memorial Chiropractic College have been afforded an opportunity to observe the performance of herniotomies.

In the establishment of the curriculum at the College guidance was received from the National Council on Education of the National Chiropractic Association. This organization, which was for a number of years the largest of the chiropractic professional associations in the United States,⁴¹ has established educational standards for chiropractic colleges.⁴² Canadian Memorial Chiropractic College officials have indicated that the principal problem they have encountered in meeting these standards has had to do with the acquisition of more library facilities; representatives of the National Council on Education of the National Chiropractic Association suggested a minimum of 3,000 volumes – which is more than twice the number of C.M.C.C. holdings in 1962.

An optional drugless therapy course is offered in the last half of the junior and senior years at Canadian Memorial Chiropractic College.⁴³ Because some Canadian chiropractors feel that the content of the course is such that it should not be part of the College's official curriculum, the course is not taught on the College premises but at a chiropractic clinic in the Toronto area. Chiropractors who believe that the College course offerings should be confined largely to the study of adjustive methods in therapy are countered by practitioners who hold that diet and physical methods involving heat, vibration, and various modalities may be used in treating certain kinds of illness. Most of the resistance to the currently optional course in drugless therapy has tended to come from chiropractors in British Columbia and Alberta. Support for the course, on the other hand, has come largely from the practitioners in Ontario because the Ontario legislation bearing upon chiropractic encompasses a scope reflected in the drugless therapy course, and allows dual registration under both the chiropractic and drugless therapy practitioner categories.

A total of 90 credits are given for the taking of the course in drugless therapy, 45 each in the junior and senior year.⁴⁴ The course in drugless therapy is now confined largely to lectures and demonstrations as there is only limited opportunity at present for student clinical applications of the techniques which are incorporated in the course.⁴⁵ Certification trends in this course are shown later in this chapter with the discussion of "Enrolment and Graduation Trends".

⁴¹ That is, until the advent of its merger with the International Chiropractor's Association, to form the American Chiropractic Association.

⁴² The accreditation and educational standards are discussed in detail at the end of Part A in this chapter.

⁴³ A detailed outline of this course is included in Part B of this chapter.

⁴⁴ The length of the drugless therapy course has varied over the years, as is shown in Table V-2.

⁴⁵ The instructor who taught the course in drugless therapy during 1962-63 has both a Doctor of Chiropractic degree and a degree in physiotherapy.

Clinical Training

The Canadian Memorial Chiropractic College provides clinical training for its students through an out-patient clinic. This clinic, whose patients have been provided by referral from established chiropractic practitioners in the Toronto area, treats patients with both chronic and acute conditions. These conditions are diagnosed by the students under the supervision of clinical instructors, and subsequently chiropractic therapeutic techniques are applied by students.⁴⁶

At the outset of his clinical experience, the student works with the patient indirectly; he reviews the case history of the patient and observes how diagnoses are performed and treatment applied by experienced instructors. During his tour of duty in the out-patient clinic, the student is afforded the opportunity of dealing with all phases of the diagnosis and treatment processes including the use of X-rays, laboratory tests such as cardiograms and basal metabolism, blood counts, feces and sputum examinations, and urinalysis. Organic and structural problems are dealt with, including digestive, postural, respiratory and spinal difficulties.

The steps in the out-patient care process involve, first of all, a consultation to determine whether or not the patients' conditions are in fact those suited to chiropractic treatment; a preparation of the case history of the patient; observation of the appearance of the patient, including his walk and any abnormalities which may be readily apparent by means of visual observation; a notation of the condition of the spine by means of palpation in the attempt to determine if there are any subluxations and fixations; the use of postural measurements to establish whether or not there is any postural stress, and X-ray studies. At the completion of this a diagnosis may be made, and ultimately the patient's prognosis established.

A comparison is presented in Table V-6 of the clinical facilities available to Canadian Memorial Chiropractic College students in 1962, and to naturopathy and osteopathy students at certain professional schools in the United States. With regard to osteopathy:

Each approved osteopathic college owns its own teaching hospital and out-patient clinic. In addition to the college-owned hospital, a number of off-campus hospitals which are approved by the American Osteopathic Association for the teaching of interns and residents have become affiliated with osteopathic colleges and participate in the training of the third and fourth year students in what is known as the 'clerkship' program.⁴⁷

Research

All research which has been undertaken under the auspices of the Canadian Memorial Chiropractic College has been subsidized by the College itself, as

⁴⁶ The College out-patient clinic was estimated to take care of about 1,100 conditions each month in 1962. Much of the clinic work is donated, although in some instances modest token payments are made by patients. The out-patient clinic operates on a Monday through Friday basis, and on a curtailed schedule during the summer months.

⁴⁷ Mills, L.W., *The Osteopathic Profession and Its Colleges*, op. cit., p. 17.

TABLE V-6
COMPARISON OF CLINICAL STUDIES FACILITIES AVAILABLE TO CHIROPRACTIC,
NATUROPATHIC AND OSTEOPATHIC STUDENTS

Type of School	Clinical Studies Facilities		
	Own Out-patient Clinic	Own Teaching Hospital	Owned & Affiliated Teaching Hospital Facilities
<i>Chiropractic</i>			
Canadian Memorial Chiropractic College	yes	no	none
<i>Naturopathy</i>			
Central States College of Physiatrics	yes	no	none
National College of Naturopathic Medicine	yes	no	none
<i>Osteopathy</i>			
Chicago College of Osteopathy	yes	yes	680 beds
College of Osteopathic Medicine & Surgery	yes	yes	638 beds
Kansas City College of Osteopathic Surgery	yes	yes	430 beds
Kirkville College of Osteopathy & Surgery	yes	yes	2,095 beds
Philadelphia College of Osteopathy	yes	yes	390 beds

Source: Calendars or catalogues for each of the professional schools, 1962-63.

neither government agencies nor philanthropic societies have provided funds for research purposes. As a result, it has been necessary for members of the staff to utilize their own time in which to conduct their research and provide suitable research equipment at their own expense.⁴⁸ Research studies have dealt with the development of a “postural measurement” device designed to show the degree of “structural distortion”, how this effects the “disrelation of vertebral segments”, and ultimately to show the improvement brought about in the structure of the organism through the use of chiropractic techniques. The device which has been developed in this research is called a “posturometer” and it is now being used both within and without chiropractic practice.⁴⁹

⁴⁸ In contrast, “In 1958 . . . for research financed by both federal and non-federal research grants . . . the osteopathic colleges received over \$200,000,” (Surgeon General’s Consultant Group on Medical Education, U.S. Department of Health, Education, and Welfare, *Physicians for a Growing America*. Washington: U.S. Government Printing Office, 1959, p. 47.) And more recently, a single osteopathic college, the Kirkville College of Osteopathy and Surgery, was awarded over \$1,000,000 in 1961-62 for research grants, largely from foundation sources. (Kirkville College of Osteopathy and Surgery, *Summary of Research Grants Awarded for 1940 to 1963 Inclusive*, Kirkville, 1963, p. 1.) Moreover, “To date, osteopathic institutions have received \$488,008 from the Federal (U.S.) Government in support of research projects. The American Osteopathic Association has provided an additional \$818,364 for research.” (Letter from the Secretary-Treasurer, Canadian Osteopathic Association, February 1963.)

⁴⁹ Johnston, L.C., *The Theory and Practice of Postural Measurement*, Canadian Memorial Chiropractic College, Toronto, 1961.

Other research efforts have included: the development of a spinal traction chair which is compact, portable and safe; a study of the effects of adjustable school desks on the posture and academic performance of school children; a study of factors contributing to driver fatigue and proneness to accidents, involving such things as the aggravation of "low back problems" by riding in automobile seats.⁵⁰

Post-graduate Studies

As is typical for all the health services, there are no provisions in Canadian legislation pertaining to these groups which require post-graduate training as a requirement for licence renewal. Nevertheless, further studies are pursued by many of these practitioners.⁵¹ There is a two-day course provided each year at the Canadian Memorial Chiropractic College. This concentrated course may involve clinical matters, new developments in diagnostic techniques (such as radiological anatomy), or new developments in therapeutics; for example, in the summer vacation of 1963, as in 1962, a refresher course was scheduled for graduates. The divisional professional associations also conduct two-to three-day educational seminars for chiropractors in conjunction with their professional meetings.⁵²

For naturopathy, continuing education in Canada is most commonly associated with meetings of naturopathic professional associations. For example, the British Columbia Association of Naturopathic Physicians holds a two-day meeting twice per year; in 1963, diagnosis, psychotherapy, nutrition and office procedure short courses were given. Similarly, the Alberta Association of Naturopathic Practitioners in 1962 sponsored a three-day course on hypnosis; instruction was provided by a member of the psychology department from the National College of Naturopathic Medicine. It has already been noted that the three recognized naturopathic schools in the United States offer post-graduate courses from time to time;

⁵⁰ Some osteopathic research studies recently receiving financial support from the National Institutes of Health (U.S. Government) include: "Reflex and Trophic Functions of Kidney Innervation," "Reflex and Postural Muscle Contraction," "Transmission and Interaction of Nerve Impulses," and from the Bureau of Research of the American Osteopathic Association: "Regional and Segmental Patterns of Cutaneous Vasomotor Activity," "The Influence of Myofascial and Connective Tissue Irritation on the Function, Morphology and Cytochemistry of Nervous Tissue," "Continued Studies in Somatic Autonomic Interchange and Related Phenomena," "Functional Characteristics of Normal and Abnormal Body Mechanics," "Electron-Microscopic and Histochemical Studies of the Functions of the Nervous Structures," (Kirksville College of Osteopathy and Surgery, *op. cit.*, p. 2a). Dozens of scientific papers have been published as a result of such research over the years, some in osteopathic journals and others in such journals as the *American Journal of Physiology*, *Acta Neurovegetiva*, *Electroencephalography and Clinical Neurophysiology*, *Journal of Neurophysiology*, *Proceedings of the Society for Experimental Biology and Medicine*, *Journal of Cellular and Comparative Physiology*, and the *International Congress of Physiology*.

⁵¹ Beasley, H.W.R., *Report of the Legislation Committee of the Ontario Chiropractic Association*, St. Catharines, Ontario, 1957, Section II, Article 10.

⁵² *Canadian Chiropractic Association, British Columbia Division*, brief submitted to the Royal Commission on Health Services, Toronto: May 1962, para's. 29 and 30, *Canadian Chiropractic Association, Alberta Division*, brief submitted to the Royal Commission on Health Services, Toronto: May 1962, para. 14. According to the *Canadian Chiropractic Association, Saskatchewan Division*, brief submitted to the Royal Commission on Health Services, Toronto: May 1962, chiropractors from that province spend an average of twelve days per year in post-graduate studies.

in fact, negotiations are under way with the National College of Naturopathic Medicine to " . . . establish branches of the College in various provinces on a post-graduate level only".⁵³

In the instance of osteopathy, by comparison:

All approved osteopathic colleges and their teaching hospitals annually offer post-doctorate educational programmes. Some of these programmes are for general continuation study for the general practitioner. Others lead to advanced degrees. Some of the programmes lead to eventual certification in specialty practice . . .⁵⁴

According to the Canadian Osteopathic Association:

Ninety-eight per cent of osteopathic graduates complete an additional year [beyond the regular four years] of [professional] training in rotating internships in osteopathic hospitals accredited and approved for that training. Those who seek to practise a specialty undertake a three to five year hospital residency, and then must pass examinations of the appropriate specialty board as a prerequisite to certification.⁵⁵

It should be recalled here that the Canadian Osteopathic Educational Trust Fund has provided grants to Canadian practitioners to pursue such studies. Less lengthy seminars are an integral part of osteopathy professional meetings as well.⁵⁶

Enrolment and Graduation Trends

The number of persons enrolling in and graduating from the Canadian Memorial Chiropractic College have varied considerably (Table V-7). The entering class of freshmen in the autumn of 1962 was larger than it has been since 1956, but smaller than in earlier years. These trends are presented graphically in Figure V-1 which shows that the peak year for freshmen enrolment at the College was 1946 when enrolment was 172 — that is, 3.6 times the enrolment recorded in the autumn of 1962.

The over-all trend from the beginning of the Canadian Memorial Chiropractic College indicates decreasing freshmen enrolment and decreasing graduation totals. In the spring of 1962, less than one-sixth as many students were graduated as in the peak year of 1950.⁵⁷ The total student enrolment at the College for the academic year 1962-63 was 115 persons.

⁵³ Letter from the Archivist, *Canadian Naturopathic Association*.

⁵⁴ Mills, L.W., *The Osteopathic Profession and Its Colleges*, op. cit., p. 17.

⁵⁵ *Canadian Osteopathic Association*, brief submitted to the Royal Commission on Health Services, Toronto, May 1962, p. 3.

⁵⁶ *Canadian D.O.*; Vol. 2, No. 2; June 1962; p. 9. For example it is stated that: "The sum of \$2,500 has been budgeted for this purpose during the fiscal year 1962".

⁵⁷ It is estimated by officials of the Canadian Chiropractic Association that approximately one and one-half times the number of Canadians enrolled at C.M.C.C. go to the U.S. each year for professional training in chiropractic.

For comparative purposes, data are available for a fifteen-year period on Canadian students taking osteopathic education in the United States.⁵⁸ These data indicate that Canadians are more prone to take their pre-osteopathic education in United States colleges or universities than at home. Moreover, in any one year the total number of Canadian students – that is, those maintaining Canadian residence – has ranged from between a high of nine students in 1957 to lows of one student both in 1947 and 1961. It is also understood that few of the Canadian graduates have returned to practise in Canada ‘‘ . . . due to the limited practice rights for D.O.’s in the Dominion’’,⁵⁹

TABLE V-7
TOTAL NUMBERS OF FRESHMAN STUDENTS ENROLLING
IN AND STUDENTS GRADUATING FROM CANADIAN
MEMORIAL CHIROPRACTIC COLLEGE,
1945 TO 1962

Year	Freshman Enrolment	Students Graduating
1945	107	0
1946	172	0
1947	123	0
1948	51	0
1949	40	75
1950	46	125
1951	62	90
1952	55	28
1953	73	34
1954	45	36
1955	60	45
1956	74	32
1957	33	42
1958	30	40
1959	34	35
1960	36	53
1961	21	29
1962	48	19
Total	1,210	683

Source: Dean, *Canadian Memorial Chiropractic College, 1962*.

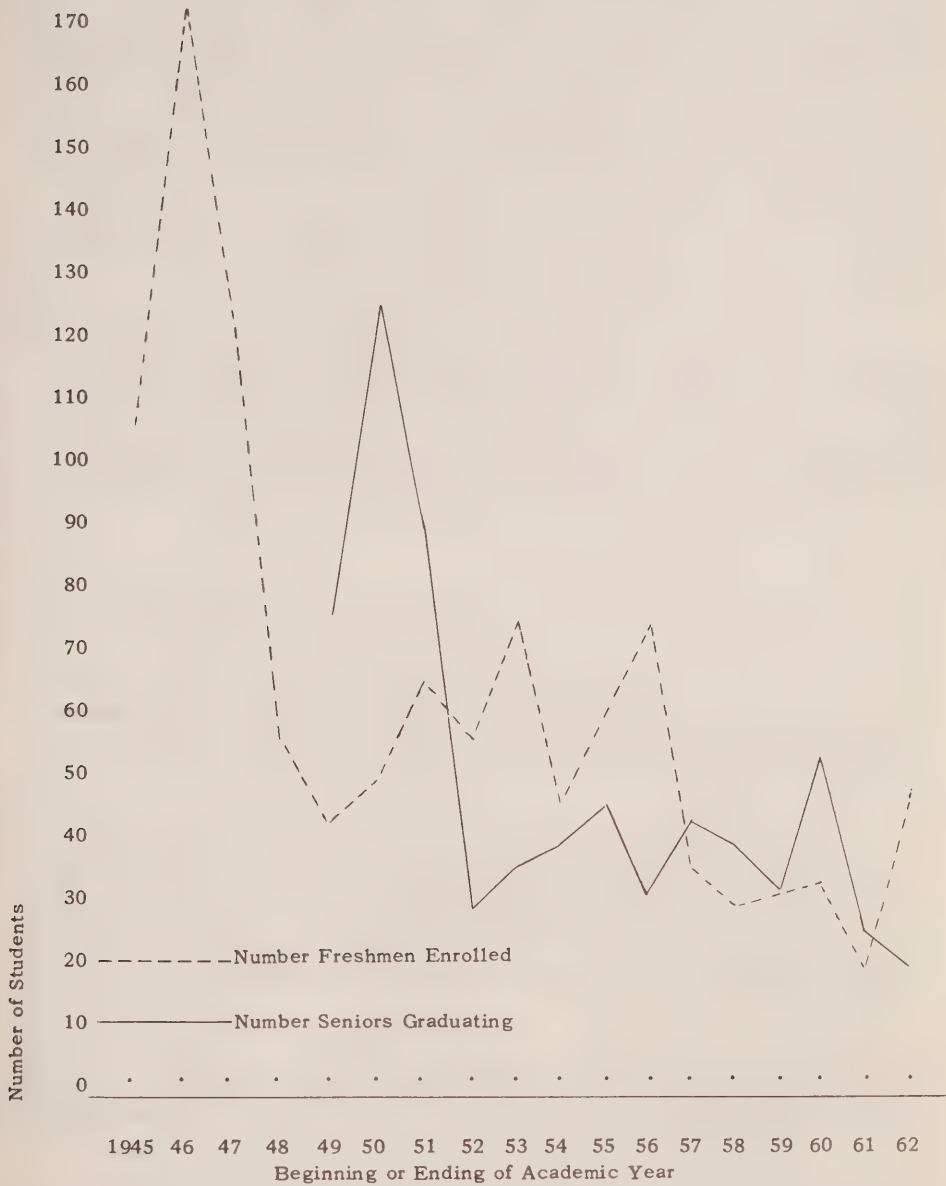
By the end of the academic year 1961-62, 683 students had been graduated from Canadian Memorial Chiropractic College. Of this number, over nine-tenths (91 per cent) were Canadian citizens.

During the years of its operation, the student attrition rate at Canadian Memorial Chiropractic College has been somewhat variable, as is shown in Figure

⁵⁸ See Table V-3.

⁵⁹ Letter from the Director, Office of Education, American Osteopathic Association. According to officials of the Canadian Chiropractic Association, many Canadians who study chiropractic in the United States fail to return to Canada for similar reasons.

FIGURE V-1
CANADIAN MEMORIAL CHIROPRACTIC COLLEGE FRESHMAN ENROLMENT
AND GRADUATION TRENDS, 1945-1962¹



¹ Data for this presentation are shown in Table V-7.

Source: Based on data provided by the Dean, Canadian Memorial Chiropractic College, 1962.

V-2. The attrition rate, related to the proportion of students who remain in school during a four-year period until they finally graduated,⁶⁰ ranged from a low of about one out of ten (.11) students in the 1954-58 time period to a high of four and one-half out of ten in the 1948-52 time period. Consequently the average attrition rate has been less than three out of ten (.29) students during their four years stay at the College. This may be compared to an average attrition rate of about one-third at Canadian liberal arts colleges and universities during the 1950's.⁶¹ The student attrition rate during the past eight years in the five osteopathic colleges in the United States has fluctuated between 11 and 13 per cent, most of which occurs in the first year of professional school and is largely attributed to academic failure.⁶² These osteopathic rates are similar to the average rate of 14 per cent reported by the American Association of Medical Schools⁶³ in 1962 with individual medical colleges ranging between zero and 36 per cent.

The numbers and proportions of Canadian Memorial Chiropractic College graduates receiving optional drugless therapy course certificates is shown in Table V-8. The proportion of College graduates having received these certificates over the years has varied considerably, between approximately one-tenth (1959) to four-fifths (1962). It is rather difficult to establish a trend in this regard, except to note that a majority of all Canadian Memorial Chiropractic College graduates appear to have taken the drugless therapy course.

Accreditation and Educational Standards

At the present time the chiropractic profession in Canada is significantly affected in these matters by certain agencies in the United States:

. . . .the Canadian Chiropractic Association Committee on Education has been actively and diligently engaged in establishing minimum standards of chiropractic education and in forming a National Examining Board. It would appear that the results of several years planning and deliberation will be evidenced in 1963.⁶⁴

For several reasons, primarily financial, but also to avoid duplication, we have not as yet established a separate C.C.A. Accrediting Agency. Our National Examining Board regulations will accept as candidates for examination those graduates of Colleges accredited by the National and the International Chiropractic Associations who can meet additional requirements established by the C.C.A.⁶⁵

⁶⁰ See Appendix Table V-4 which contains the data upon which Figure V-2 is based.

⁶¹ Dominion Bureau of Statistics, Educational Division, *A Graphic Presentation of Canadian Education*, Ottawa: Queen's Printer, September 1961, p. 15.

⁶² Letter from the Director, Office of Education, American Osteopathic Association, December 26, 1962.

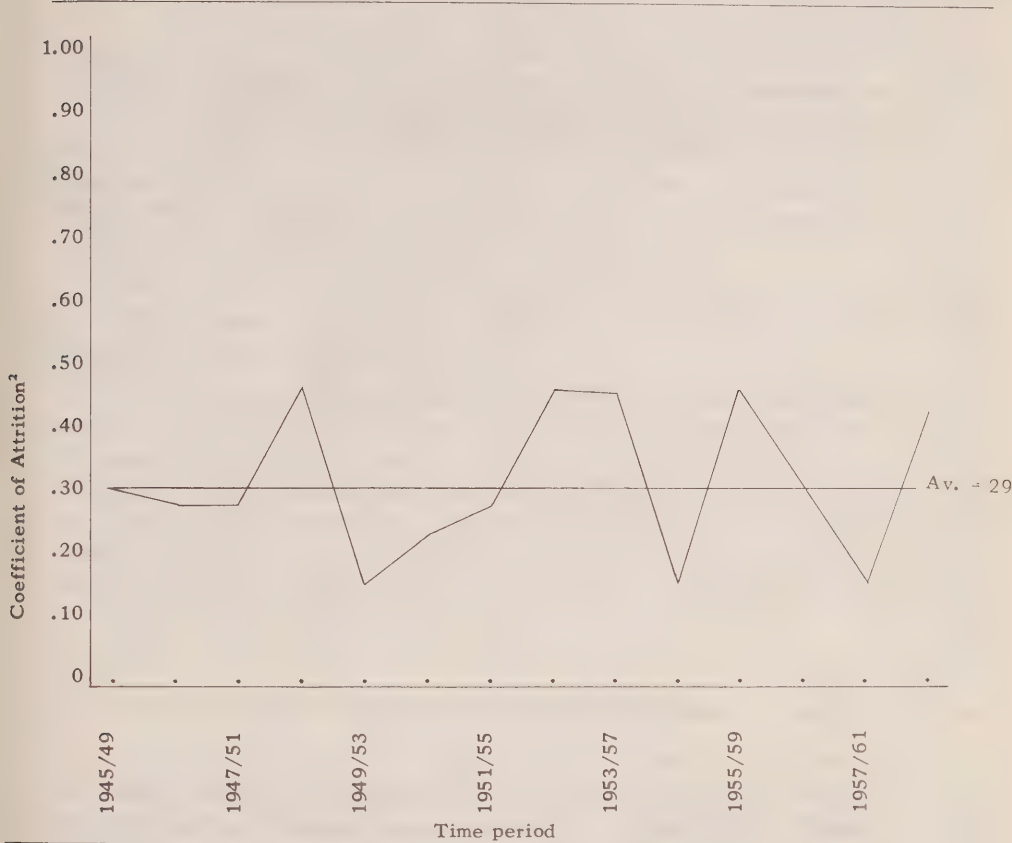
⁶³ These United States medical school data appear to be in general accord, for example, with crude attrition rate data for the University of Alberta Faculty of Medicine for the past few years. (Office of University Planning, University of Alberta, Edmonton, 1962.)

⁶⁴ This prediction of the President, *Canadian Chiropractic Association*, in 1962 was in fact brought into being in 1963.

⁶⁵ Letter from the President, *Canadian Chiropractic Association*, August 27, 1962.

FIGURE V-2

ATTRITION RATE TREND FOR STUDENTS AT CANADIAN MEMORIAL CHIROPRACTIC COLLEGE, IN FOUR-YEAR PERIODS FROM 1949-1962¹



¹ Data for this presentation are shown in Table V-4.

² Coefficient of Attrition = $1.0 - \frac{\text{Number of entering freshmen in given year}}{\text{Number of graduates four years later}}$

Source: Based on data provided by the Dean, Canadian Memorial Chiropractic College, 1962.

The Council on Education of the American Chiropractic Association is a body which accredits certain schools of chiropractic in North America, among them the Canadian Memorial Chiropractic College. The Council is concerned with standards in chiropractic education, and to this end has established criteria of school excellence, conducted school inspections, and made public the names of those schools which meet its standards and comply with its policies.

This history of the Council on Education goes back to 1938 when the House of Delegates of the National Chiropractic Association (N.C.A.) assumed school accreditation responsibilities to enhance the quality of education, along with debating necessary educational standards for licensure. By 1939, after inspection by the Association of Chiropractic Colleges, accreditation criteria were

adopted at a national convention. At this same meeting a Committee on Educational Standards was appointed, which ultimately became the Committee on Accreditation in 1961.

TABLE V-8
NUMBERS AND PROPORTIONS OF CANADIAN MEMORIAL
CHIROPRACTIC COLLEGE GRADUATES RECEIVING
OPTIONAL DRUGLESS THERAPY COURSE CERTIFICATES

Year	D.T. Certificates	Total C.M.C.C. Graduates	D.T. Certificates as Percentage of C.M.C.C. Graduates
1949	58	75	77
1950	83	125	66
1951	61	90	68
1952	17	28	61
1953	21	34	62
1954	¹	36	¹
1955	¹	45	¹
1956	¹	32	¹
1957	¹	42	¹
1958	¹	40	¹
1959	4	35	11
1960	22	53	42
1961	7	29	24
1962	15	19	79

¹ Data not available.
Source: Dean, *Canadian Memorial Chiropractic College*, 1962.

The House of Delegates of the National Chiropractic Association established a Council on Education in 1947 by adding one representative from each of the accredited schools to the Committee on Educational Standards. Consequently, the Council on Education possesses both representation from the chiropractic schools, who are termed Institutional Members, and from the profession at large, constituting the Committee on Accreditation. None of these latter individuals may have an affiliation with any chiropractic school, and it is to this group that the inspection power is delegated.

Colleges apply for accreditation, but from time to time the Committee on Accreditation undertakes reinspection of chiropractic schools, and any school which fails to continue to meet the established standards or to comply with Council policies may have its accreditation withdrawn.⁶⁶

⁶⁶ National Council on Education, National Chiropractic Association, *Educational Standards for Chiropractic Colleges*, Seventh Edition; Webster City, Iowa; September 1961.

A somewhat similar accreditation programme applies to the osteopathic colleges, and was approved by the Board of Trustees of the American Osteopathic Association in 1961:

The American Osteopathic Association, acting through its board of trustees, upon recommendations of its Bureau of Professional Education and Colleges, is recognized by the various state licensing authorities and departments of the Federal Government as the accrediting agency of osteopathic colleges. The Bureau establishes the minimum standards of osteopathic education for approved osteopathic colleges. These standards require a four-year curriculum, consisting of at least 5,000 hours, including all courses generally accepted as standard in the education of a physician.⁶⁷

Accordingly, each of the five accredited osteopathic colleges is inspected annually by the American Osteopathic Association, with representation from the Canadian Osteopathic Association.⁶⁸

Another aspect of educational standards for these health services involves legislation,⁶⁹ legislation which has been altered through the years. For example, in Ontario where the largest number of chiropractors are found, educational standards required for licensure have changed as indicated by a 1935 requirement of four years of eight months each of professional training, as compared to four years of nine months each in 1937; by 1961 the profession introduced standards wherein emphasis was placed on pre-professional education, and Ontario Grade XIII or its equivalent became a requirement.

B. THE EDUCATIONAL STATUS OF PRACTITIONERS

This section of the study explores the pre-professional academic education and professional training attainment of practising chiropractors, naturopaths, and osteopaths. These survey data are supplemented by practitioner suggestions for the improvement of existing professional school curricula.

Most commonly these practitioners reported having attained a high school level pre-professional education (Table V-9). At one extreme, however, one-tenth of the 1,060 persons surveyed indicated they had less than a high school diploma, at the other extreme, over one-tenth noted they had received a baccalaureate degree either in liberal arts (B.A.) or the sciences (B.Sc.) or equivalents, and nearly three-tenths more had some incompleting college or university schooling. The naturopaths and osteopaths appear to be the more highly academically educated groups; well over half of them stated that they had attended liberal arts college or university. Proportionately fewer of the chiropractors and chiropractor-naturopaths were in this last-mentioned category.

⁶⁷ Eveleth, T.B., "Osteopathy," U.S. Department of Health, Education, and Welfare, *American Universities and Colleges*, Washington: U.S. Government Printing Office, 1961, p. 132.

⁶⁸ *Canadian Osteopathic Association*, brief submitted to the Royal Commission on Health Services, p. 3.

⁶⁹ This was discussed briefly in Chapter I and is discussed in some detail in Appendix I.

TABLE V-9
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
ACCORDING TO EXTENT OF PRE-PROFESSIONAL ACADEMIC EDUCATION

Extent of Pre-professional Academic Education	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Some grade school	1	3			1
Grade school completed	1	3			1
Some high school	8	4	7	11	8
High school completed	52	31	37	44	49
Some university ¹	27	36	38	31	29
Baccalaureate degree ²	11	21	19	14	12
No response	1	3			1
Total percentage ³	101	101	101	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Or liberal arts college studies as well.

² This includes Bachelor of Arts (B.A.) and Bachelor of Science (B.Sc.) degrees, as well as more advanced academic work.

³ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

A large majority of all practitioners received their pre-professional education in Canada,⁷⁰ but there is considerable variation between the groups (Table V-10).

TABLE V-10
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
ACCORDING TO COUNTRIES WHERE GREATEST PORTION OF
ACADEMIC PRE-PROFESSIONAL EDUCATION TOOK PLACE

Countries	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Canada	89	57	73	67	85
Canada and U.S.A.	2	8			2
Canada and other country ¹			1		
United States of America	6	19	20	25	8
Other country ¹	4	15	5	8	5
No response					
Total percentage ²	101	99	99	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ A country other than Canada and the United States.

² Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

⁷⁰ The question asked was: "Where did the greatest portion of this regular formal education take place?"

This tendency was most typical of the chiropractors, as nearly nine-tenths of the chiropractors said the greatest portion of their academic education had occurred in this country. The naturopaths were most likely to have studied abroad, and a sizeable portion of this group along with the osteopaths and the chiropractor-naturopaths studied in the United States of America.

Turning now to professional training, the survey questionnaire enquired about the total duration of such training. Three-fourths of the 1,060 practitioners studied reported attending professional school for at least four academic years, i.e., 36 or more months (Table V-11). Fewer than one-eighth of the respondents attended less than three academic years (23 or fewer months).

Yet the differences among the three health services are notable. It is the osteopaths who are most highly educated in terms of formal professional education in the sense that none of them reported less than three academic years (24 or more months); indeed, nearly one-third of the osteopaths said they had undertaken full-time post-graduate work (clinical internship and specialty training) beyond the 36 months required to obtain the D.O. degree. But both the chiropractor-naturopaths (two-fifths of them) and the naturopaths⁷¹ (one-half of them) replied that they had attended professional schools in excess of 36 months. (This last mentioned finding becomes understandable when it is realized that a majority of the naturopaths and a large majority of the chiropractor-naturopaths claim degrees in both naturopathy and chiropractic, as is detailed later in this section.) A little over one-tenth of the chiropractors had obtained more than four years of professional training.

TABLE V-11
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
ACCORDING TO TOTAL DURATION OF ATTENDANCE AT
PROFESSIONAL SCHOOL(S)

Total Duration of Attendance at Professional School	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Eleven months or less	*	4			1
12 to 23 months	12	3		3	11
24 to 35 months	9	11	20	17	10
36 months	65	21	46	36	60
37 months or more	11	51	31	39	16
No response	3	10	3	6	3
Total percentage ¹	100	100	100	101	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

* Represents a frequency of less than .5 per cent.

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

⁷¹ It should also be recognized that approximately one-tenth of these respondents failed to provide information on the amount of time devoted to professional training.

The various proportions of these groups which noted less than four years of professional training are easier to interpret when the time during which this training occurred is known. Because both the naturopaths and osteopaths on the average are older than the chiropractors in this country, it is not surprising (Table V-12) that over one-half of the osteopaths received their professional training before 1930, as did nearly three-tenths of both the naturopaths and chiropractor-naturopaths.⁷² Extremely few recently educated practitioners are found among Canadian osteopaths, a point noted in Chapter I in the discussion of history and legislation. In marked contrast, nearly one-half of the chiropractors practising in Canada today appear to have completed their professional training after 1950.

TABLE V-12
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
ACCORDING TO THE TIME PERIOD WHEN PROFESSIONAL
TRAINING WAS OBTAINED

Time Period Professional Training Obtained	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
1955 to 1962	25	3		6	21
1950 to 1954	23	11	3	22	21
1945 to 1949	30	18	3	17	26
1940 to 1944	2	6	5		3
1935 to 1939	3	13	14	8	4
1930 to 1934	2	10	14	8	3
Before 1930	11	28	53	28	16
No formal professional training. .		1			*
No response	4	11	10	11	6
Total percentage ¹	100	100	102	100	100
Total practitioner	(878)	(72)	(74)	(36)	(1,060)

*Represents a frequency of less than .5 per cent.

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Where did these various practitioners attend professional school? In many places in North America; and a few in Europe. Over one-half of the chiropractors attended professional school in Canada at the Canadian Memorial Chiropractic College as have one-third of the chiropractor-naturopaths, and a few of the naturopaths (Table V-13).⁷³ The next largest group of practitioners (nearly one-fourth of the chiropractors) went to one of the seven approved or provisionally approved chiropractic schools recognized in 1962 by the International Chiropractors Association (ICA), all situated in the United States. (This group of schools tended to adhere somewhat more closely to certain formulations of the founder of chiropractic, D.D. Palmer, an orientation characterized by reliance on spinal manipulation with little resort to "modalities" in therapy.)⁷⁴

⁷² It should be recognized that one-tenth of these respondent groups failed to provide information on the time period during which professional training was undertaken.

⁷³ Moreover, 65 per cent of the chiropractors attended C.M.C.C. for at least 36 months, as is shown in Table V-11. Table V-9 details the types of professional schools attended.

⁷⁴ See Appendix I of this study for more details on this "school" of chiropractic thought and practice.

TABLE V-13
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
ACCORDING TO THE TYPE OF PROFESSIONAL SCHOOL
ATTENDED FOR THE LARGEST PORTION PROFESSIONAL TRAINING

Type of Professional School Attended	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Canadian Memorial Chiropractic College.....	53	8		33	46
College currently ¹ approved by International Chiropractors Association	24	3			20
College currently ¹ accredited by National Chiropractic Assn. (excl. C.M.C.C.).....	11	18		36	11
College currently accredited by Canadian Naturo. Assn. or by Canadian Osteo. Assn.	2	8	78		6
Canadian healing arts schools no longer in operation.....	4	7		3	4
Non-Canadian healing arts schools no longer in operation or not currently accredited,...	6	46	19	22	10
No response	3	10	3	6	3
Total percentage ³	101	100	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ As at 1962.

² Represents a frequency of less than .5 per cent.

³ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Slightly over one-tenth of the chiropractor respondents indicated that they had gone to one of the chiropractic schools in the United States accredited in 1962 by the National Chiropractic Association (NCA). In these schools approaches to diagnosis and therapy tended to be somewhat more inclusive than was typical with the I.C.A. approved schools mentioned earlier.⁷⁵ In addition nearly one-fifth of the naturopaths and twice that proportion of chiropractor-naturopaths answered that they had attended NCA accredited schools.

It is interesting to note how few (8 per cent) of the naturopaths now practising in Canada were trained at one of the naturopathic schools currently ac-

⁷⁵ *Ibid.*

credited by the Canadian Naturopathic Association.⁷⁶ It should be remembered, however, that the largest of these approved schools has been in operation only since the late 1950's. The situation is very different with the osteopaths nearly four-fifths of whom received their professional schooling at colleges currently accredited by the Canadian Osteopathic Association.

A very few Canadian practitioners in the three fields had most of their training in Canadian schools which are no longer in existence. The situation is different with non-Canadian schools no longer in operation or not currently accredited by one of the national or international professional associations: somewhat under one-half (46 per cent) of the naturopaths reported having attended a school belonging to this category, and about one-fifth of the osteopaths and the chiropractor-naturopaths may be so classified.⁷⁷ Given the time period in which some practitioners in the first-and last-mentioned groups attended professional school it is understandable that some of the schools are no longer in existence.

Almost all of the 1,060 practitioners studied possessed a professional degree associated with their particular field. All chiropractors and chiropractor-naturopaths had a D.C. degree (Doctor of Chiropractic), and some had others as well (Table V-14). Similarly, all osteopaths possessed a D.O. degree (Doctor of Osteopathy), and some had others as well. Finally, about nine-tenths of the naturopaths possessed formal professional degrees in naturopathy – Doctor of Naturopathy (N.D.).

Ordinarily chiropractors have a single professional degree; over four-fifths of them were D.C.'s solely. In contrast, only about three-tenths of the naturopaths possessed only the N.D. degree. Approximately one-half of all naturopaths possessed an N.D. in combination with the D.C. degree. The overwhelming majority (93 per cent) of osteopaths had only the D.O. degree, but a few had an M.D. degree as well. A large majority (86 per cent) of the chiropractor-naturopaths listed both D.C. and N.D. degrees. It should also be noted that there are a number of other degrees, diplomas or combinations possessed by some of these practitioners, especially by the naturopaths.⁷⁸

It has sometimes been said that "some of these practitioners serve as the poor man's psychotherapist". The extent to which psychological counselling is done is discussed in the next chapter. But another aspect of the Royal Commission survey concerning attainment in professional training involved the specific question of training received by these practitioners in psychological counselling. The respondents were asked: "What special training in the use of psychological counselling do you have?" About one-half of the total had one or more regular arts and science college-level courses in psychology, and/or special training in profes-

⁷⁶ It should also be recognized that one-tenth of the naturopath respondents did not answer this question.

⁷⁷ In the instance of the osteopaths it is known that all of this one-fifth of the osteopathic practitioners attended a professional school which is no longer an osteopathic school - the former College of Osteopathic Physicians and Surgeons in Los Angeles which now confers the M.D. degree. All of the five existing osteopathic colleges are currently accredited by the Canadian Osteopathic Association.

⁷⁸ The various degrees or diplomas possessed by some naturopaths and others are listed in Table V-14.

TABLE V-14
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
ACCORDING TO THE PROFESSIONAL DEGREE(S) OR
DIPLOMA(S) RECEIVED

Degree or Diploma Received	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Doctor of Chiropractic (D.C.)...	82			8	68
Doctor of Naturopathy (N.D.)...		29			2
Doctor of Osteopathy (D.O.)....			93		7
Doctor of Chiropractic, Doctor of Naturopathy and others ¹	10	51		86	15
Doctor of Chiropractic, Doctor of Osteopathy and others ¹	1	3			1
Doctor of Naturopathy, Doctor of Osteopathy and others ¹		1			*
Doctor of Chiropractic and other degrees or diplomas ²	7	4		3	6
Doctor of Naturopathy and other degrees or diplomas ³		4			*
Doctor of Osteopathy and other degrees or diplomas ⁴			7		1
Doctor of Medicine (M.D.).....		1			*
Degree other than D.C., N.D., M.D., D.O.....		3			*
No degrees or diplomas received		1			*
No response.....	1	1		3	1
Total percentage ⁵	101	98	100	100	101
Total practitioners.....	(878)	(72)	(74)	(36)	(1,060)

¹ Some practitioners in this category possessed a degree or diploma in addition to the two degrees specified.

² Practitioners in this category possessed both a D.C. degree and a diploma or a degree other than N.D. or D.O.

³ Practitioners in this category possessed both an N.D. degree and a diploma or a degree other than D.C. or D.O.

⁴ Practitioners in this category possessed both a D.O. and a diploma or a degree other than D.C. or N.D.

⁵ Percentages do not total to 100 because of rounding.

* Represents a frequency of less than .5 per cent.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

sional school (Table V-15). Examining each of the groups separately, however, this was decidedly more common among the chiropractors than the osteopaths. Specifically, the most typical training in psychology was received by the chiropractors in professional school, a finding consistent with the lower proportion of practitioners in this field who had ever attended liberal arts college or university. Most typical for both the naturopaths and chiropractor-naturopaths was no formal training in psychological counselling, and knowledge about these matters was reported to have been achieved largely through reading. The osteopaths were equally represented at the two extremes: over one-fourth of them acquired regular arts and science college training in psychology, while another equally large proportion acknowledged no training of any kind in psychological counselling.

TABLE V-15
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
ACCORDING TO TYPE AND AMOUNT OF TRAINING RECEIVED IN
PSYCHOLOGICAL COUNSELLING

Type and Amount of Psychology Training	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Regular arts and science college training in psychology	16	19	27	25	17
Training in psychology at professional school	35	21	7	17	31
Post-graduate seminars	5	10	4	14	5
Both regular college and professional school training ...	2	4	4	3	2
Both regular college and post-graduate seminars	1	4		3	1
Both professional school training and post-graduate seminars	1		1		1
No formal training — acquired knowledge through reading.....	23	28	23	33	23
No training of any kind in psychological counselling.....	16	11	28	3	16
No response	2	3	5	3	3
Total percentage ¹	101	100	99	101	99
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

The final aspect of this survey devoted to professional training concerned reactions of practitioners to the kind of training they underwent, with suggestions for new directions in professional education. Each practitioner was asked: "Considering what you have learned in practice since leaving professional school, what basic change, if any, would you like to see made in these schools?" A majority of the 1,060 respondents had recommendations to make about professional education

for their field (Table V-16). By far the greatest concern was registered about the need for changes in curriculum at the professional schools. (The specific curriculum recommendations are discussed below.) Curriculum was mentioned most frequently by the naturopaths (43 per cent) and least (28 per cent) by the osteopaths. Next most frequently listed were two categories of suggestions: a need for better financing of professional education, and a need for better organization of the schools and development of physical plant. The former class of comments had to do with such things as the need for funds from the government, foundations, and other extra-professional sources, the need for more scholarships and bursaries. The latter class of comments (noted most commonly by chiropractors and chiropractor-naturopaths) dealt with such things as the development of relationships with regular colleges and universities to provide liberal arts and basic sciences training, thus freeing the professional schools to deal specifically with training; the need for a more adequate physical plant. Small proportions of respondents also discussed the need for better faculties and teaching, the need for more extensive pre-professional requirements, and other assorted needs like more research or greater research facilities or higher academic standards.

TABLE V-16
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
ACCORDING TO THEIR RECOMMENDATIONS FOR
PROFESSIONAL SCHOOLS

Recommendations for Professional Schools	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Need for changes in curriculum	37	43	28	31	37
Need for better faculties and teaching	3			3	3
Need for more extensive pre-professional requirements	2		1		2
Need for better financing of professional education	6	8	1		6
Need for better organization of schools and development of physical plant	6	1	1	17	6
Other needs	5		1	3	4
Satisfied comments: e.g., "now have high standards"; "now adequate"; "no change needed"	12	15	42	17	14
No response	28	31	24	31	28
Total percentage ¹	99	98	98	102	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962

It is of interest that approximately two-thirds of the osteopaths had no recommendations to make in reference to their professional schools. This group of osteopaths is largely constituted of persons who made such comments as: "now have high standards", "now adequate", "no change needed". The balance gave no response to the question which in this instance is likely indicative of general satisfaction. The apparent level of satisfaction among the remaining groups is lower, ranging as it does between two-fifths of the chiropractors to nearly one-half of the chiropractor-naturopaths.

As noted above, the need for curriculum changes in professional training was so signal as to warrant special attention and analysis, involving as it does over one-fourth to over two-fifths of the practitioners in each field. Table V-17 affords

TABLE V-17
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
WHO MADE RECOMMENDATIONS FOR CURRICULUM CHANGES,
FOR PROFESSIONAL SCHOOLS IN THEIR FIELD,
ACCORDING TO THE TYPE OF RECOMMENDATION

Type of Curriculum Recommendation	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
More or better training in basic sciences	1	1		3	1
Less training in basic sciences.	*	1			*
More or better training in diagnostics	3	1	4	3	3
Less training in diagnostics ...	*				*
More or better training in therapeutics.....	2	7	4	8	3
More or better clinical or internship training	10	17	4	3	10
Less clinical training	*				*
More or better training in prevention.....	*				*
More or better training in philosophy of the healing art .	3	1	11		3
More or better training in practice management	7	3	1	6	6
More or better liberal arts training.....	3	1			3
Other curriculum changes	9	10	4	8	8
No recommendation concerning curriculum	34	26	47	39	35
No response.....	28	31	24	31	28
Total percentage ¹	100	99	99	101	100
Total practitioners.....	(878)	(72)	(74)	(36)	(1,060)

* Represents a frequency of less than .5 per cent.

¹ Percentages do not total to 100 because of rounding

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

a detailed examination of the various curriculum change suggestions. It may be seen that no single category possesses any large proportion of respondents, but some comments are of particular concern to certain groups. For example, one-tenth of all the chiropractor respondents specified a need for more or better clinical training, an item which was cited even more often by the naturopaths. More or better training in practice management was requested by sizeable portions of chiropractors and chiropractor-naturopaths. The osteopaths were most likely to note a need for more or better training in the philosophy of their health service. Chiropractor-naturopaths were most likely to note a need for more or better training in therapeutics, and an equally large proportion of the practitioners referred to other changes such as a need for a more standard curriculum. Similarly, one out of ten of the chiropractors (and naturopaths) in their miscellaneous comments were interested in a more standard curriculum, or even more importantly, suggested an increase in the length of the course.

Moreover, as Table V-17 shows, a few practitioners spoke of a need for more or better training in the basic sciences, more or better training in diagnostics, more or better training in liberal arts courses, and more or better training in the prevention of illness.

Presumably the kinds of suggestions offered in regard to professional training reflect the kinds of experiences that these practitioners have undergone in practice. The next chapter explores characteristics of practice and of patient complaints for which adequate professional training must be supplied.

THE PRACTICE

An examination of the practice of these health services properly involves noting more than what is done to patients in diagnosis and therapy: the situation where and when service is rendered, and how service is rendered and rewarded are all important facets of an enquiry into practice. This discussion therefore begins with information about the work setting, and follows with the work load and the division of labor, economic factors associated with practice, practitioner specialization, the diagnosis of patient complaints, and, finally, the treatment of patient conditions. Taken together, these aspects of the practice of these groups are intended to convey in general terms what happens to the patient and the practitioner in the pursuance of professional routines.

The Work Situation

Where is the patient usually seen?¹ The respondents were asked to indicate the number of professional rooms² used for diagnostic and/or therapeutic purposes at their main practice establishment (Table VI-1). Few practitioners find it possible to operate a practice with but one such room, as less than one-fifth of the osteopaths and one-tenth of the chiropractors and naturopaths managed with one such room. Most commonly, osteopaths utilized two diagnostic and treatment rooms, chiropractors three, and chiropractor-naturopaths and naturopaths five or more such rooms. It is likely in this latter connection that larger numbers of rooms for diagnostic and therapeutic purposes indicate instances where practitioners work in group practices. (It was noted in Chapter III that 163 practitioners worked in two-person groups, 20 in three-person groups, and 11 in groups of four or more; thus about 17 per cent of all these practitioners were in group practice.)

¹ Other aspects of the work situation are discussed in Appendix VI-A, including the types of neighborhood in which offices are located and the type and age of building in which the office is located.

² Of at least 30 square feet in area.

TABLE VI-1
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE NUMBER OF
OFFICE ROOMS OCCUPIED FOR DIAGNOSTIC AND/OR THERAPEUTIC
PURPOSES¹

Number of Diagnostic and Therapeutic Rooms	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
One	10	10	18	3	10
Two	21	14	41	14	22
Three	27	21	19	36	26
Four	17	17	12	6	16
Five or more	24	36	10	42	25
No response	1	3	1		1
Total percentage ²	100	101	101	101	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Of at least 30 square feet in area.

² Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

The Work Load and the Division of Labor

Another aspect of how these practitioners perform patient services entails their utilization of time, circumstances under which they see their patients, how much attention patients are given, and who assists these practitioners in their services.

Number of Office Hours Per Week

Each practitioner was asked to estimate the total number of regular office hours that he worked during an average week (Table VI-2). A 31- to 40-hour week is most common, involving as it does two-fifths of the respondents, and a 41- to 50 hour week next most common for three-tenths of the respondents. But there were considerable between-group differences: while the chiropractors and osteopaths most commonly kept office hours in the 31- to 40-hour category, the naturopaths and chiropractor-naturopaths were far more likely to be in the 41- to 50-hour classification. In fact, one-fifth of the naturopaths report working 51 or more hours weekly.

The proportion of osteopaths which kept 20 or less office hours per week probably in part reflects the proportion of that group in "part-time practice" as noted in Chapter III. It is also possible that the rather small number of office hours of some practitioners who considered themselves to be in practice is supplemented by time spent receiving patients in a secondary treatment facility at home or by making house calls, and the like.

TABLE VI-2
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY
THE NUMBER OF REGULAR OFFICE HOURS THEY WORK PER WEEK

Estimate of Total Regular Office Hours Kept During An Average Week	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
10 hours or less	3	1	12	3	3
11 to 20 hours	4	8	8		5
21 to 30 hours	12	10	14	6	12
31 to 40 hours	43	21	35	28	40
41 to 50 hours	30	38	20	44	30
51 to 60 hours	8	18	7	8	8
61 to 84 hours ¹	1	1	1	8	1
No response		3	3	3	1
Total percentage ²	101	100	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹84 hours was the maximum estimate of total regular office hours.
²Percentage does not total to 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Number of House Calls Made Per Week

Including one-tenth to one-fifth who indicated they make no house calls at all, over two-fifths to one-half of all practitioners in these health services reported very infrequent house calls – fewer than one a week. Most common was the practitioner who reports making an average of between one and five house calls per week. Only a very few practitioners (about two per cent to four per cent) reported 11 or more house calls in an average week. As shown in Table VI-3, there were no great differences among the various professions studied in regard to the number of house calls, but the chiropractors did tend generally to have fewer house calls than the other three categories of practitioners.

TABLE VI-3
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY
THE AVERAGE NUMBER OF HOUSE CALLS THEY MAKE IN A WEEK

Average Number of House Calls Made per Week	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None at all.	9	19	19	17	11
Fewer than one per week.	35	29	27	33	34
About one to 5 per week	46	36	38	36	45
About 6 to 10 per week	6	8	12	11	7
About 11 or more per week	2	4	3	3	2
No response	1	3	1		1
Total percentage ¹	99	99	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Average Time Spent Per Patient-Visit

The reported average time spent by a practitioner for a single office visit of a patient (excluding "résumé" time) ranged from "fewer than five minutes" for eleven practitioners to "more than one hour" for five others. Between these extremes, Table VI-4 shows the distribution of answers in percentages and compares the four categories on this item. For chiropractors, it appears 11 to 15 minute visits were most common; but 16 or more minutes were spent by fully half these practitioners. Osteopaths and chiropractor-naturopaths most commonly reported spending more time with their patients, on the average, than did the chiropractors. Most commonly they reported spending 16 to 20 minutes per patient visit, and about half of these osteopaths and chiropractor-naturopaths reported spending 21 or more minutes with patients.

TABLE VI-4
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE AVERAGE AMOUNT
OF TIME SPENT WITH EACH PATIENT DURING A
SINGLE OFFICE VISIT

Average Time Spent With Each Patient in a Single Office Visit (excluding resume)	Health Service				
	Chiro. %	Naturo. %	Osteo. %	C-N %	Total %
10 minutes or less	16	1		3	13
11 to 15 minutes	32	6	23	3	29
16 to 20 minutes	23	14	31	36	24
21 to 25 minutes	11	10	24	22	13
26 to 30 minutes	12	36	16	22	14
31 or more minutes	4	29	1	11	5
No response	2	4	4	3	2
Total percentage ¹	100	100	99	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

But naturopaths differ quite considerably, and the difference is consistent with their indication of a longer average working day. A 26-to-30-minute patient visit was most commonly reported by naturopaths, and more than half-hour visits were reported as average by about three-tenths of these practitioners — a much larger proportion than is typical of other groups.

Office Assistance

Laboratory technicians were not common in the offices of the practitioners under study. About three per cent of the total reported such staff: 24 chiropractors, 4 naturopaths and 3 chiropractor-naturopaths reported a full-time laboratory technician in their offices; one other chiropractor-naturopath employed 2 such technicians.

In addition, about two per cent – 17 chiropractors, 5 naturopaths and 2 chiropractor-naturopaths reported the use of a part-time laboratory technician. No osteopath reported the employment on his own staff of either a full- or a part-time laboratory technician.

Registered Nurses also were not very common in the offices of the 1,060 practitioners under study. In all, full-time R.N.'s were employed by about three per cent of the total number of practitioners, and an even smaller proportion of respondents said that they employed Registered Nurses on a part-time basis. For these groups, the osteopaths were most likely to employ the services of a Registered Nurse,³ and about one-eighth of them did so.

Respondents were asked how many full- and part-time "practical nurses" they employed. The practical nurse was, relatively speaking, more common for these health services than for the other categories of personnel noted above.⁴ That is, about one-seventh of the practitioners indicated they employed full-time practical nurses, and another one-twentieth part-time practical nurses. There were considerable differences among these practitioners, however, as naturopaths were twice as likely as chiropractors to use practical nurses.

Practitioners indicated if there were any other categories of persons associated with their practices whom they employed either part- or full-time; one-third of the practitioners reported the employment of some other type of salaried personnel. The positions included ⁵ a receptionist or secretary, maintenance personnel, a bookkeeper or accountant, a combination of receptionist-secretary and bookkeeper-accountant, an assistant practitioner, a physiotherapist and/or masseur, and others (including various combinations of the above occupations and such others as "office manager", "part-time attendant" and "nutritionist"). The largest category of "other salaried personnel", then, involves receptionist or secretarial personnel. In contrast, few professional-level personnel such as assistant practitioners (chiropractors, naturopaths, osteopaths) or physiotherapists were employed by the practitioners under study.

In addition to, or instead of, having regular salaried office assistance, some practitioners utilize the aid of members of their own families. A total of one-seventh of the practitioners reported that a family member was doing nursing or technical work in their office. This approximate proportion applied to the chiropractors, the osteopaths and the chiropractor-naturopaths; the exception was the naturopaths, one-third of whom had family members working for them in a nursing or technical capacity. Most of this work was reported being done on a part-time basis (Table VI-5).

³ See Appendix Table VI-4 for a complete distribution of responses to this question.

⁴ See Appendix Table VI-5 for a complete distribution of responses to this question.

⁵ See Appendix Table VI-6.

TABLE VI-5
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY
THEIR USE OF FAMILY MEMBERS IN A NURSING AND/OR TECHNICAL
CAPACITY IN THEIR OFFICES

Members of Family Working in Office in a Nursing or Technical Capacity	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	86	65	91	86	85
Part-time only	10	21	10	8	11
Full-time only	2	8		6	2
Full- and part-time	1	3			1
No response	1	3			1
Total percentage ¹	100	100	101	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Rarer still are members of the practitioners' families who work in the practitioners' offices in a fully professional capacity, that is, as a fellow practitioner. As shown in Table VI-6, fewer than one-tenth of the 1,060 practitioners studied used the services of members of their own family in either a part-time or a full-time professional capacity in their offices. However, where such employment did occur, naturopaths were nearly three times as likely to have such work relationships as the osteopaths.

In summary, considering the use of family members for either nursing, technical and/or professional services in their offices it appears that on a percentage basis, such a custom has been most common among the naturopathic practitioners and least common among the osteopathic practitioners.

TABLE VI-6
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THEIR USE OF
FAMILY MEMBERS IN A PROFESSIONAL CAPACITY IN THEIR OFFICES

Members of Family Working in a Professional Capacity	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	91	83	93	89	91
Part-time only	3	4	4	6	3
Full-time only	4	10	1	6	4
Full- and part-time	1				1
No response	2	3	1		2
Total percentage ¹	101	100	99	101	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Specialization within Practice

There was a time when each of these health services was seen by many practitioners as general practice. That pattern appears to be altering. Each of the surveyed practitioners was asked to indicate the name of his "general practice", and they were classified into one of four professional categories – chiropractic, osteopathy, naturopathy, or chiropractic-naturopathy, as indicated earlier.⁶ The practitioners were further asked: "What, if any, is your principal specialty within this general practice?" The distribution of respondents for each of the four practitioner groups is indicated in the following tabulation:

Specialization	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Specialty indicated	45	54	66	42	48
Specialty not indicated	55	46	34	58	52
Total percentage	100	100	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

It may be seen that slightly under one-half of all the practitioners studied considered themselves specialists. Furthermore, from this it is also apparent that there are considerable differences among Canadian practitioners in these groups. Osteopaths were considerably more likely to indicate a specialty in practice than were the chiropractors or chiropractor-naturopaths. In part, this may reflect both the specialty training which is available in professional "schools" of osteopathy during and after graduation along with the scope of the field as taught and practised. But it is more likely that the detailing of a "specialty" in Canadian osteopathy is in response to the scope of practice allowable under Canadian laws.⁷

It is possible that chiropractic *per se* is seen by some practitioners as a specialty itself – a point of view recurring in the Royal Commission on Health Services interview study with recent licentiates, professional association officials, and long-term practitioners. The survey found that over half of the chiropractic

⁶ See Chapter III. The question was: "By what name do you refer to the general practice at which you work? (e.g., 'dentistry', 'chiropractic', etc.)"

⁷ The relation between scope of practice and legislation is discussed in Chapter I and Appendix I. In 1960 the American Osteopathic Association world-wide survey of osteopaths found that 26 per cent of the 84 reporting doctors "in private practice" in Canada had listed themselves as being in "general practice"; this is in marked contrast to their United States counterparts: it was found that 78 per cent of the U.S. osteopaths were in "general practice" at that same time. A difference of such great magnitude is probably attributable to differences between Canadian and United States scope of practice legislation. In this same survey an additional 2 per cent of the Canadian osteopaths said their practices were "limited to specialty practice", while a further 71 per cent of the Canadian osteopaths indicated their practices were "limited to manipulative therapy" as a specialty; only 11 per cent of United States osteopaths noted a manipulative therapy specialty, and most of these reside in States where scope of practice is greatly limited. (*A Statistical Study of the Osteopathic Profession, December 31, 1960*, Department of Information and Statistics, American Osteopathic Association, May 1961; Table 7, p. 2.)

respondents did not indicate a specialty. As may be seen in this detailed classification of responses to the specialization question presented in Table VI-7, this includes 24 per cent who gave no response at all, 19 per cent who wrote the word "none" or its equivalent, and 11 per cent more who indicated that chiropractic itself was their specialty.⁸ Apparently, this last mentioned group of chiropractors do not see themselves as being specialists *within* chiropractic but rather that their specialty *is* chiropractic. This same tendency is even more pronounced with the naturopaths and clearly most pronounced with the chiropractor-naturopaths, nearly three-tenths of whom stated general practice constituted a "specialty".

Some chiropractors note three approaches to the art of manipulation or adjustment of the back — (a) the "specific" or "upper cervical" approach concentrating on the upper spine, neck or cervical area, (b) the "lumbar" or "low back", and (c) "full back" or "full spine" approaches. Of the chiropractic respondents, about 13 per cent of the total designate their specialties in these terms. And as Table VI-7 shows, the "low back" specialization of these three musculo-skeletal specialties was most frequently mentioned. This particular group of specialties was mentioned by about one-tenth of the chiropractor-naturopaths and osteopaths, but was included by only one Canadian naturopath.

TABLE VI-7
PERCENTAGE DISTRIBUTION OF PRACTITIONERS WITH A PRINCIPAL
SPECIALTY IN PRACTICE

Principal Specialty	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Musculo-skeletal Specialties:					
Specific upper cervical	4				3
"Full back"; full spine	2		3	3	2
Lumbar; "low back"; "basic"	8	1	7	6	7
Other Musculo-skeletal Specialties: (e.g., orthopedics; physical therapy; "body mechanics" "back injuries")	14	13	14	6	14
Neurological Specialties	5		3	8	5
Manipulative Therapy	9	6	28		10
Miscellaneous Specialties	5	35	12	17	8
"General Practice" of Own					
Health Service Listed	11	15	9	28	12
"No Specialty"; "None"	19	13	11	14	18
No response	24	18	14	17	23
Total percentage ¹	101	101	101	99	102
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

⁸ It is recognized that the categories used in the following discussion contain some overlap; however, the wide range of responses provided by practitioners created serious classification difficulties, and the categories included in this discussion appear to be most useful for present purposes. Because chiropractic is the largest healing art here under study, chiropractic responses were used as the main orientation in devising this classification.

An approximately equal proportion (one-seventh) of chiropractic, naturopathic and osteopathic practitioners listed what has here been categorized under "other musculo-skeletal specialties". This includes "the spine" as a specialty, without reference to the "full spine" approach, and a variety of responses like "musculo-skeletal", "physical therapy", "body mechanics", "podiatrics", "back injuries", "orthopedics", "muscles and bones", "disc cases", "back sprains", "structural problems", "spinal lesions", "slipped disc", and for some osteopaths "cranial work", and "cranial osteopathy".

Some practitioners – chiropractors, osteopaths and chiropractor-naturopaths – indicated their specialty to be treatment for "nervous" or "neurological" disorders. This category includes such other responses as "correcting nerve interference", "headaches", "neurology", and "neuritis".

"Manipulation" or such similar responses as "adjustment of subluxations", "vertebral adjustment", and "adjustment and zone therapy" were given as the specialties of chiropractic, naturopathic, and especially osteopathic respondents. While nearly one-tenth of the chiropractors listed this specialization, three times that proportion of osteopaths noted manipulative therapy.

Few chiropractic respondents gave what may be called miscellaneous replies to the request for a principal specialty. A sample of these replies includes "mental disorders", "allergies", "diet and exercise", "digestive troubles", "prostate treatment", "growth and development of children", "X-ray", and "women's diseases". Proportionately more naturopaths, osteopaths and chiropractor-naturopaths listed miscellaneous specialties. This is particularly true for the naturopaths, over one-third of whom indicated specialties represented in the following list:

- "sinus"
- "psycho-therapy"
- "chronic diseases"
- "nervous and emotional disorders"
- "foot abnormalities"
- "nutrition"
- "physical and psychotherapeutic medicine"
- "radio wave"
- "electrotherapy"
- "diet and psychology"
- "dermatology"
- "botanical medicines"
- "cranial correction in mongoloids, spastics and body reconstruction"
- "zone therapy and manipulative surgery"
- "herbal medicine"
- "clinical diagnosis"
- "liver"
- "handicapped and retarded"
- "gastro-intestinal conditions"

"biochemistry and nutrition"
 "research in paralysis"
 "neoplasma and rheumatics"
 "natural cure"

Representative specialist lists for osteopaths and chiropractor-naturopaths are shorter; among the osteopathic responses were: "ear, nose and throat", "gynaecology", "diagnosis", "proctology", "Workmen's Compensation (injury) cases", "relief of pain" and "chronic cases". Chiropractor-naturopath miscellaneous specialties consisted of: "gastro-intestinal disorders", "cardio-vascular conditions", "general organic work", "improved radionics", and "colonic therapy".

In conclusion it is interesting to note that while some practitioners listed a specialization focussing on certain patient conditions, others listed a specialization centering on the possession of certain skills.

Diagnosis of Patient Complaints

If these are the various types of specialization practised by these respondents, how do these practitioners diagnose patient complaints? In this survey, each respondent was requested to: "Please list the *major* items of *diagnostic* equipment which you use".⁹ While some practitioners named none at all,¹⁰ others listed as many as nine or ten items, and in all, over 100 different diagnostic devices were named. These responses were classified into six broad equipment-type categories as follows: Radiological, Neurological and Psychological, Musculo-skeletal, Cardiovascular, Chemical Analysis, and other Diagnostic Equipment (e.g., Genito-Urinary; Eye, Ear, Nose and Throat; etc.) Each of these general type of diagnostic equipment categories has a number of specific sub-categories (as detailed later in Tables VI-10 through VI-15, inclusive).

Practitioners varied both in terms of the number of items listed, and in their preference for different types of diagnostic equipment. The 1,060 respondents listed a total of over 3,700 items of equipment, or an average of 3.5 per respondent. The average is highest among naturopaths (4.8 items per practitioner), and lowest among osteopaths (a 3.0 average); chiropractors with 3.4 items of diagnostic equipment and chiropractor-naturopaths with 4.3 items are between the two extreme groups. Although these differences appear not to be great in any absolute sense, the discrepancy between the two extreme groups — the naturopaths highest and the osteopaths lowest — per practitioner diagnostic equipment ratios is possibly significant as to the range of patient complaints diagnosed, as well as to the means by which such diagnoses are conducted.

⁹ Five lines were provided on the questionnaire for answers, but no suggestion was made as to the number of diagnostic items to be listed by the practitioners.

¹⁰ Presumably many of those who listed no items of diagnostic equipment rely to a great extent on their hands and the technique of palpation — a point discussed shortly.

About 6 per cent of the total respondents (Table VI-8) listed no major diagnostic items of equipment which they personally used; some of these simply may have chosen to ignore the question, but a small number of other practitioners (2 per cent) explicitly noted that they use only their hands and the technique of palpation for diagnosis. Particularly noteworthy are the osteopaths over one-fifth of whom did not indicate a single major item of diagnostic equipment – a finding consistent with the emphasis noted earlier on manipulative therapy specialization within the Canadian osteopathic profession which stems from the legislation under which they practise. Table VI-8 also shows the percentage of practitioners in each professional category who listed one, two, etc., items of diagnostic equipment.¹¹ Proportionately, naturopaths and chiropractor-naturopaths were considerably more prone to report a larger number (5 or more) of major items of diagnostic equipment than were either the chiropractors or the osteopaths.

TABLE VI-8
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE
NUMBER OF MAJOR ITEMS OF DIAGNOSTIC EQUIPMENT LISTED

Major Items of Diagnostic Equipment	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None.....	5	4	22	3	6
One.....	13	3	10	6	12
Two.....	16	6	19	11	15
Three.....	18	24	16	17	18
Four.....	19	8	5	8	17
Five.....	16	18	10	28	16
Six or more.....	14	38	19	28	15
Total percentage ¹	101	101	101	101	99
Total practitioners	(878)	(74)	(72)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

The reported use of major diagnostic equipment is summarized in Table VI-9, which contains proportions of practitioners who reported diagnostic equipment items, as grouped in categories by type. Of these six type categories, radiological and cardiovascular each include equally large proportions of the 1,060 practitioners with over two-thirds of these respondents indicating possession of one or more items classified in these two categories – about twice the magnitude of the next most frequent diagnostic equipment category.

¹¹ There is a problem associated with this frequency count. For example, when some respondents itemized a series of diagnostic instruments for examining eyes, ears, nose and throat, and others simply referred to an "E.E.N.T. [diagnostic] Kit", the latter was counted as one response, the former as several. It should also be noted that responses referring to palpation have not been included in these tables.

TABLE VI-9

PROPORTIONS¹ OF PRACTITIONERS WHO REPORTED POSSESSION OF MAJOR ITEMS OF DIAGNOSTIC EQUIPMENT, BY TYPE OF EQUIPMENT CATEGORIES

Type of Diagnostic Equipment Possessed	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Radiological	76	42	22	44	69
Neurological and Psychological .	40	17	3	17	35
Musculo-skeletal	20	6	9	17	18
Cardiovascular	65	93	66	89	68
Chemical analysis	28	74	41	69	33
Other Diagnostic Equipment: e.g., E.E.N.T., Genito-urinary	32	56	28	44	33
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ The percentage contained in each entry represents that proportion of respondents for a health service who indicated possession of one or more items of diagnostic equipment assigned to that particular general equipment category.

² E.E.N.T. stands for an ear, eyes, nose and throat diagnostic kit.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

There are substantial differences among the several groups in the use of cardiovascular and radiological diagnostic equipment. Radiological equipment, for example, receives far more emphasis among the chiropractors than among the remaining professions — over three times greater than the osteopaths and nearly twice that of the remaining groups. Three-quarters of the chiropractors possess their own radiological equipment. The specific type of radiological equipment most commonly involved here is X-ray, radiograph, or spinograph apparatus (Table VI-10). (This point is further evidenced below in the discussion on use of X-ray diagnosis.) Perhaps this emphasis stems from the primary concern of chiropractic with the configurations of bony structures, their articulations and related phenomena in the human organism. To some extent this may also reflect the denial of use of radiological facilities encountered by chiropractors in many Canadian communities; but it is also possible that the other groups make greater use of “outside” radiological facilities when such are required.

The differences among the practitioner groups in possession of cardiovascular diagnostic devices such as the stethoscope, is also considerable. Over nine-tenths of the naturopaths reported such equipment as a major item as compared to about two-thirds of the chiropractors and osteopaths. Noting this last mentioned statistic, it will be seen that cardiovascular diagnostic equipment is in fact that equipment category which apparently receives the most universal diagnostic emphasis among all four of these groups, because, as noted above, radiological equipment is most definitely associated with the chiropractors. The specific item of cardiovascular equipment referred to most frequently, as may be seen in Table VI-11, was the stethoscope.

TABLE VI-10
PROPORTION OF PRACTITIONERS INDICATING
THE USE OF SPECIFIC TYPES OF RADIOLOGICAL DIAGNOSTIC EQUIPMENT

Specific Type of Radiological Diagnostic Equipment	Proportion of All Diagnostic Equipment Responses				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
X-ray, Radiograph, or Spinograph .	22	9	8	12	20
Fluoroscope.....	*	*			*
View or Shadow Box.....	*				*
X-ray Stereoscope.....	*				*
Feet Visualizer.....	*				*
Unspecified radiological device..	*				*
Total radiological percentages	23	10	8	12	20
Total number diagnostic equipment responses	(3,008)	(343)	(213)	(153)	(3,717)

* A frequency of less than .5 per cent.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

TABLE VI-11
PROPORTION OF PRACTITIONERS INDICATING THE USE OF
SPECIFIC TYPES OF CARDIOVASCULAR DIAGNOSTIC EQUIPMENT

Specific Type of Cardiovascular Diagnostic Equipment	Proportion of All Diagnostic Equipment Responses				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Stethoscope.....	13	14	20	16	13
Sphygmomanometer.....	7	10	10	15	8
Baumanometer.....	5	4	10	3	5
Heartometer, Heartograph, Cardiometer.....	2	2	*	4	2
Endocardiogram, Endocardiograph, E.N.G.	2	3	1	2	2
Manometer.....	1	1	*		1
Electrocardiogram, Electrocardiograph	1	1		1	1
Miscellaneous Blood Pressure Devices	2	2	*		2
Miscellaneous Cardiovascular Devices (incl. Phonocardiograph).....	*				*
Total cardiovascular percentages ¹	32	38	43	41	34
Total number diagnostic equipment responses	(3,308)	(343)	(213)	(153)	(3,717)

¹ Because of rounding individual percentages in the columns, they do not add to exactly the total shown.

* A frequency of less than .5 per cent.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Considering the data presented in Table VI-12 further, about one-third of all the practitioners studied indicated they had neurological and psychological diagnostic devices, chemical analysis apparatus, and another category here termed "other diagnostic equipment". Again because the picture is not identical, consideration must be given to each of the groups for each of these three equipment-type categories. First of all, there is a considerable difference between two of the health services with the neurological and psychological diagnostic equipment category. Fully two-fifths of the chiropractors listed such equipment; osteopaths barely made mention of any types of such equipment that could be assigned to this category. The naturopaths and chiropractor-naturopaths are roughly midway between these two groups. It is shown in Table VI-12 that the specific type of neurological and psychological diagnostic devices mentioned most often was the neurocaligraph, or neurocalometer, and related items.

TABLE VI-12
PROPORTION OF PRACTITIONERS INDICATING
THE USE OF SPECIFIC TYPES OF NEUROLOGICAL
AND PSYCHOLOGICAL DIAGNOSTIC EQUIPMENT

Specific Type of Neurological and Psychological Diagnostic Equipment	Proportion of All Diagnostic Equipment Responses				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Neurocaligraph, Neurocalometer, etc. ¹	9	2			8
Microdynameter, Microtabulometer	2			1	2
Reflex Hammer, Percussion Hammer	1	1	1		1
Chirometer, Thermocouple	1				1
Radionics, Radioclast	*	*		1	*
Low Frequency Currents (Galvanic, Sinusoidal, Interrupted,) Electro-Diagnosis	*	1			*
Reflex Needle	*				*
Miscellaneous (incl. Electropsychometer, Analograph, Statograph, Thermoscale)	*	1		1	1
Total neurological and psychological percentages	15	5	1	3	13
Total number diagnostic equipment responses	(3,008)	(343)	(213)	(153)	(3,717)

¹ Includes N.C.G.H., N.C.M., N.C.L., Patho-Neurometer, Thermoprobe, Thermoscribe, Nervescribe, Neurotempometer, Dual Thermopiles, Nervetempometer, N.V.P., Electrodermometer, Visual Nerve Tracer, Thermeter, Electrometer, Electrograph, Nerveometer, Nervometer, Neurograph, Neuropyrometer, Photometer, Neuromicronometer, N.D.M., Neuroscope, or Nerveoscope.

* A frequency of the less than .5 per cent.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Next, chemical analysis devices were reported by three-fourths of the naturopaths, and nearly as many chiropractor-naturopaths, but this is over twice the frequency of mention found among the chiropractors. Of course, a majority of chiropractors have at least some of their laboratory work done elsewhere, as will be discussed later, and similarly it is quite common for the osteopaths to utilize outside laboratory services. Table VI-13 indicates that the specific type of chemical analysis equipment reportedly possessed most usually was the urinary diagnostic kit.

TABLE VI-13
PROPORTION OF PRACTITIONERS INDICATING THE
USE OF SPECIFIC CHEMICAL ANALYSIS TYPES OF DIAGNOSTIC EQUIPMENT

Specific Type of Chemical Analysis Diagnostic Equipment	Proportion of All Diagnostic Equipment Responses				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Urinary Diagnostic Kit	5	8	7	7	6
Blood Analysis, Blood Count, Hematology, Hemocytometer ...	3	4	5	7	3
Hemometer, Hemoglobinometer ...	3	2	5	2	3
Microscope	2	5	1	3	2
Thermometer	*	1	2	2	1
Sedimentation Rates	*	*	1		*
Basal Metabolism, B.M.R.	*	1			*
Centrifuge		*			*
Miscellaneous Chemical Tests (incl. Petechiometer, Capillaries Fragility Tester) ..	1	1		4	1
Total chemical analysis percentages ¹	13	22	21	25	15
Total number diagnostic equipment response	(3,008)	(343)	(213)	(153)	(3,717)

¹ Because of rounding individual percentages in the columns, they do not add to exactly the total shown.

* A frequency of less than .5 per cent.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Whereas one-third of all practitioners indicated possession of "other diagnostic equipment" considerably more than this was noted by some groups. This category contains for the most part eye, ear, nose and throat diagnostic equipment and genito-urinary (excluding chemical analysis) diagnostic equipment. These types of equipment were mentioned by well over one-half of the naturopaths – a proportion twice as great as that among the osteopaths. In this matter, chiropractors were more like the osteopaths and the chiropractor-naturopaths were more like the naturopaths. The specific type of "other diagnostic equipment" listed with greatest frequency was the ophthalmoscope and iridology apparatus (Table VI-14).

TABLE VI-14
PROPORTION OF PRACTITIONERS INDICATING THE USE OF
SPECIFIC TYPES OF OTHER DIAGNOSTIC EQUIPMENT

Specific Type of Other Diagnostic Equipment	Proportion of All Diagnostic Equipment Responses				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Eye, Ear, Nose, Throat Kit	5	2	3	4	5
Ophthalmoscope, Iridology	3	8	3	5	4
Otoscope, Auriscope	2	5	7	3	3
Speculum	*	1	8	2	1
Rectalscope, Proctoscope	*	2	2	1	*
Rhinoscope, Nasalscope, Transillumination	*	1	*	1	*
Laryngoscope, Pharyngoscope...	*	1	1		*
Vaginascope	*	2	*		*
Miscellaneous, (incl. Eye Chart, Tuning Fork)	*	1			*
Total other percentages ¹	11	24	26	15	13
Total number diagnostic equipment responses	(3,008)	(343)	(213)	(153)	(3,717)

¹ Because of rounding individual percentages in the columns, they do not add to exactly the total shown.

* A frequency of less than .5 per cent.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Diagnostic equipment subsumed under the musculo-skeletal type were most frequently referred to by chiropractors and chiropractor-naturopaths; but even here their incidence was not great. The specific items of diagnostic equipment listed by practitioners and contained in this grouping are presented in Table VI-15 which shows specifically that posturometers, spinal analysers, posture analysers and plumbines are most often used for these purposes.

To summarize the designation of major items of equipment by type category, chiropractors most frequently reported radiological, followed by cardiovascular devices. Naturopaths, osteopaths and chiropractor-naturopaths most frequently reported cardiovascular, followed by chemical analysis apparatus.

To summarize for each healing art concerning specific types of diagnostic equipment utilized most commonly, the chiropractors so reported X-ray apparatus, while naturopaths, osteopaths and chiropractor-naturopaths most often designated the stethoscope as the major specific item of diagnostic equipment.

Use of "Outside" Diagnostic Resources

It is reported that Canadian hospitals now rarely allow chiropractors, naturopaths, osteopaths, or chiropractor-naturopaths the use of hospital facilities for either patient diagnosis or treatment. However, some Canadian chiropractors and osteopaths have indicated in conversation that they are occasionally allowed to

TABLE VI-15
PROPORTION OF PRACTITIONERS INDICATING THE USE OF
SPECIFIC TYPES OF MUSCULO-SKELETAL DIAGNOSTIC EQUIPMENT

Specific Type of Musculo-skeletal Diagnostic Equipment	Proportion of All Diagnostic Equipment Responses				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Posturometer, Spinal Analyser, Posture Analyser....	2	*		2	2
Plumbline	2	1		1	2
Balance Scales	*		1		*
Spinal Alignment Interpreter	*				*
Kinesiometer	*				*
Ergometer	*				*
Miscellaneous (incl. Palpatron, Goniometer).....	*			1	*
Total musculo-skeletal percentages	6	1	1	4	5
Total number diagnostic equipment responses.....	(3,008)	(343)	(213)	(153)	(3,717)

* A frequency of less than .5 per cent.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

see and use the results of hospital diagnosis tests – for example X-ray plates for patients – but only through the informal co-operation of some medical practitioners. There is little evidence that this occurs very frequently, however.

Further understanding has been afforded to the role of laboratory diagnostic tests in these fields. As already indicated in Table VI-13, various laboratory tests reportedly were used by practitioners for the purpose of diagnosis. In some offices this work is undertaken on the premises while some practitioners “send it out” to be performed by laboratory service establishments (Table VI-16). On the other hand, one-quarter of the chiropractors and about one-tenth of the naturopaths and osteopaths reported that they neither perform nor use any laboratory work in diagnosis.

More than half of the practitioners indicated having some laboratory work performed by laboratories (Table VI-16). This varies by profession, however, for the use of outside laboratory services appears to be relatively most popular among osteopathic practitioners, while the naturopaths seem to be more inclined toward a “mixed” system wherein they perform part of the laboratory work and the remainder is accomplished by a lab service. The chiropractor-naturopaths stated they were most likely to undertake their own laboratory analyses.

The Use of X-ray in Diagnosis

While there was some variation among the healing arts, it should be remembered from the discussion about Table VI-9 and Table VI-10 that the use of X-ray

in diagnosis is an important feature of each of the services under study. Over four-fifths of the respondents listed X-ray devices as a major item of diagnostic equipment.

TABLE VI-16
PERCENTAGE DISTRIBUTION OF PRACTITIONERS, BY
THEIR MEANS FOR HAVING LABORATORY WORK UNDERTAKEN

Place in Which Laboratory Work, if any, is Undertaken	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
No laboratory work used	25	11	11		22
All sent to commercial service .	29	13	46	22	29
All done in practitioner's office	11	14	10	28	12
Some sent out, some done in office	33	57	31	50	35
No response	2	6	3		2
Total percentage ¹	100	101	101	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Another section of the questionnaire asked specifically for the proportion of each practitioner's patients for whom the X-ray is used in diagnosis. Table VI-17 contains a summary distribution of replies to this question.¹² Considering the entire group of practitioners, slightly over one-twentieth of them indicated using X-ray for all of their patients; and the same proportion reported that they do not use X-ray for any of their patients. Approximately another one-half of these respondents noted they use X-ray for about one-third or fewer of their patients. But these data which combine all four groups fail to note the great differences among them. For example, one-quarter of the naturopaths make no use of X-ray for diagnostic purposes. Moreover, while most osteopaths make some use of diagnostic X-ray, over four-fifths of them make a limited use. In marked contrast, some chiropractors (one-fourteenth of them) reported use of X-ray diagnosis for all patients, and an additional one-third of the chiropractors use such procedures for two-thirds or more of their patients.¹³

¹² The question asked: "For what proportion of your patients do you use X-ray in diagnosis?" The complete distribution of responses to this question may be found in Appendix Table VI-7.

¹³ An important affiliated organization of the Canadian Chiropractic Association is the Canadian Council of Chiropractic Roentgenology which is concerned almost completely with education and research relating to the use of X-ray apparatus. This organization is described in Chapter II. It is further worth recalling that the fees charged for X-ray services are considerably more than the average fee per patient visit, so that practitioner income is likely to be somewhat greater than that suggested by the 'average fee per visit' statistic discussed earlier in this chapter.

TABLE VI-17
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE PROPORTION OF
THEIR PATIENTS FOR WHOM THEY USE X-RAY IN DIAGNOSIS

Proportion of Patients for Whom X-ray is Used	Health Service				
	Chiro. %	Naturo. %	Osteo. %	C-N. %	Total %
None	4	25	8	11	6
About one-third or fewer	44	58	82	70	49
About one-half	10	1	1	3	8
About two-third or more	33	8	3	14	29
All patients	7				6
No Response	2	7	5	3	2
Total Percentage ¹	100	99	99	101	100
Total Practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

The Patient Conditions Diagnosed

Knowledge of the diagnostic techniques and equipment used serves to indicate some things these practitioners attempt to learn about patient complaints; but what then are the conditions reportedly treated? The following question was put to each practitioner: "What are the five *general conditions* which you most often treat? Please list, below, first the most common, etc., and the approximate percentage of patients with each condition."¹⁴ Three per cent of the 1,060 respondents did not answer this question. The 1,024 who did answer gave a total of 4,870 responses.

These responses included a wide variety of human maladies. These nearly two hundred specific patient conditions mentioned were classified into appropriate categories, and these were grouped by type into four major categories: musculo-skeletal conditions; neurological conditions; psychological conditions; and other conditions.

Slightly over two per cent of all responses were "miscellaneous conditions" and the like, and could not be classified in any specific sense. Table VI-18, which follows, shows the proportion of conditions named by each group which were identifiable and could be placed in the four major categories. It shows most chiropractors and osteopaths listed as general conditions most often treated musculo-skeletal conditions; (e.g., "lower spine", "dorsalgia", "thoracic disc") but with the naturopaths and the chiropractor-naturopaths, other general conditions were more prevalent.

¹⁴ Five lines were provided for the listing of conditions and percentage estimates.

Between three-fourths and one-half of the respondents listed "neurological conditions" – such as neuritis, sciatica, migraine – as constituting those most often treated; but it is the chiropractors who are most clearly associated with the neurological conditions category (Table VI-18).

TABLE VI-18
PROPORTIONS¹ OF PRACTITIONERS WHO REPORTED GENERAL PATIENT
CONDITIONS MOST OFTEN TREATED, BY
TYPE OF PATIENT CONDITION

Patient Condition Treated	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Musculo-skeletal	94	86	94	89	94
Neurological	76	51	52	64	73
Psychological ²	37	22	29	14	35
Other conditions ³	61	88	61	91	64
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ The percentage contained in each entry represents that proportion of respondents for a health service who indicated they most commonly treat patient conditions assigned to that particular general conditions category. Inasmuch as some practitioners failed to answer this question, some of these percentage entries may constitute under-estimations of the actual.

² Psychological includes nervousness; neurosis; tensions; hypertension; depression; psychic trauma; dizziness; psychogenic; psychosomatic; imaginary diseases; mental fatigue; insomnia; vertigo; neurasthenia; anxiety.

³ This includes specified conditions – visceral, respiratory, female disorders, cardiovascular, allergy, proctology, genito-urinary, sinus, nutritional, dermatological, infections, and general health – along with a few unspecified responses such as "miscellaneous conditions".

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

A sizeable proportion of the total group of respondents indicated general conditions most often treated which are best classified as psychological conditions – for example, "psychosomatic problems", "tensions", "psychogenic disorders". Over one-third of the chiropractors reported such patient conditions. The chiropractor-naturopaths were least likely to report psychological patient conditions: as one-seventh of them so responded. The naturopaths were more like the chiropractor-naturopaths in this matter; the osteopaths like the chiropractors.

"Other conditions", the last of the four major categories of conditions treated most frequently includes among other things visceral, respiratory and nutritional disorders. It is the naturopaths and chiropractor-naturopaths who were most likely to note patient complaints belonging in this category, as about nine-tenths of them provided conditions assignable to this residual category. Smaller but equal proportions (three-fifths) of the chiropractors and osteopaths mentioned "other patient conditions".

General Patient Conditions and Their Frequency of Occurrence

In most cases when a patient condition was listed by a practitioner an estimate was provided by him indicating the percentage of cases with that condition in the practitioner's whole patient load.¹⁵ For it is not enough to know simply what proportion of each practitioner group said they treated patients for conditions of a given general type — such as musculo-skeletal conditions; it is of added assistance to know what proportion of patient loads are found in each of the four major conditions treated categories.

Briefly, chiropractors and osteopaths who reported the conditions treated most frequently indicated that a majority of their patient load involves musculo-skeletal conditions (Table VI-18). With neurological conditions, the chiropractors and chiropractor-naturopaths who most frequently listed this general type of condition nevertheless noted that a minority of their patients were suffering from these complaints (Table VI-18). While psychological conditions were mentioned with some frequency, those practitioners who detailed those conditions suggested that they ordinarily existed in two-fifths or fewer of their patients (Table VI-18). Finally with "other conditions" it is the naturopaths and chiropractor-naturopaths who have substantial portions of their patient loads with these conditions (Table VI-18). This is especially true for the naturopaths of whom a majority stated that two-fifths or more of their patients were often treated for "other conditions", such as allergy, proctology and dermatology conditions.

In summarizing the four general categories of conditions treated, it is evident that the health services are in some ways similar. But it is equally evident that these groups have distinctive treatment patterns: the chiropractors and the osteopaths were most concerned with musculo-skeletal disorders and definitely not as concerned with "other conditions" — as were the naturopaths and chiropractor-naturopaths. The reports indicate that the chiropractors have the largest proportion of patient load suffering from neurological and psychological conditions. Thus, chiropractic and osteopathy as practised in Canada appear to be somewhat more "specialized" as to scope of practice than are naturopathy and "chiropractic-naturopathy".

The Specific Patient Conditions Diagnosed

It is worth noting certain things about the specific types of conditions treated. For two of these groups, one specific category of musculo-skeletal disorders is outstanding (Table VI-19): nearly two-thirds of the chiropractors and osteopaths mentioned lumbo-sacral conditions — "low back", "low spine", lumbago, lordosis, lumbar disc, and sacrum conditions. In marked contrast, few naturopaths listed any of these. The next most prominent musculo-skeletal condition, arthritis, appears to be of rather general concern to all the groups studied

¹⁵ Table VI-18 contains this information in summary form for these professional groups classified according to the four just discussed categories.

here — proportions ranging between three-tenths to somewhat less than one-half of practitioners mentioning them. Both conditions of the cervical-upper dorsal region of the spine and associated musculature, and the entire back region were also important — particularly for the chiropractors. In addition, the naturopaths

TABLE VI-19
PERCENTAGE OF PRACTITIONERS WHO REPORTED
TREATING SPECIFIC TYPES OF MUSCULO-SKELETAL CONDITIONS

Specific Type of Musculo-Skeletal Condition Treated	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Lumbo-Sacral ¹	66	13	65	42	62
Arthritis ²	29	35	30	47	30
Cervical-Upper Dorsal Region ³ .	28	3	26	8	26
Back Region ⁴	22	4	11	17	20
Extremities ⁵	16	1	26	3	15
Subluxations ⁶	11	6	7	14	11
General Musculo-skeletal	6	49	16	19	10
Shoulder Region ⁷	9		12	6	8
Strains ⁸	8	7	16		8
Injuries ⁹	5	4	19		6
Thoracic Region ¹⁰	4		3		4
Postural Defects ¹¹	2				2
Atrophies ¹²	*	*	*	*	*
Poliomyelitis	*				*
Total practitioners	(878)	(72)	(74)	(36)	(1,060)
Total conditions	1,821	89	171	56	2,137

*A frequency of less than .5 per cent.

¹ *Lumbo-Sacral*: Low back; low spine; lumbago; lordosis; lumbar disc; sacrum.

² *Arthritis*: Osteoarthritis; rheumatism; bursitis; pleurodynia.

³ *Cervical-Upper Dorsal*: Upper back; upper spinal; cervical dorsal; neck; stiff neck; upper dorsal; whiplash; torticollis; cervical disc; wry neck; scalenus anticus syndromes.

⁴ *Back Region*: Unspecified backache or pain; dorsal conditions; dorsalgia; sore back; disc syndrome; thoracolumbar; kyphosis; lesions; herniated disc.

⁵ *Extremities*: Foot; limbs; legs; arms; knees; joints; brachial; arthropathies; articulations; coxalgia; cranial.

⁶ *Subluxations*: General adjustments; spinal lesions; spine trouble; spinal problems; spinal dislocations, spondylosis.

⁷ *Shoulder Region*: Pain; shoulder strain.

⁸ *Strains*: Sprains; muscle strains; myositis; muscle spasms; myalgia; tetany.

⁹ *Injuries*: Unspecified accidents; athletic injuries; physical trauma.

¹⁰ *Thoracic*: Mid back; mid-dorsal; thoracic disc.

¹¹ *Postural Defects*: Postural aberrations; locomotor; facet syndrome; scoliosis; curvatures.

¹² *Atrophies*: Muscular dystrophy.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

(one-half of them) most commonly referred to musculo-skeletal conditions in quite general terms, an observation which perhaps lends further credence to the tentative generalization reached at the end of the last section about differences in scope of practice.

The list of specific types of neurological conditions treated is not as lengthy as that for musculo-skeletal conditions (Table VI-20), yet again there are considerable differences between groups. Headaches rank overall as the most frequently discussed neurological condition treated. This statistic, however, very largely reflects a condition referred to by the chiropractors but less frequently by the osteopaths and chiropractor-naturopaths, and hardly at all by the naturopaths. Neuritis ranked second in importance, but here again it is the chiropractic patients who reported this condition most frequently. The naturopaths and chiropractor-naturopaths most frequently listed general unspecific neurological conditions.

TABLE VI-20
PERCENTAGE OF PRACTITIONERS WHO REPORTED
TREATING SPECIFIC TYPES OF NEUROLOGICAL CONDITIONS

Specific Type of Neurological Condition Treated	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Headaches ¹	57	3	20	25	50
Neuritis ²	31	11	19	17	29
Sciatica.....	21	3	11	8	18
General Neurological ³	14	40	18	36	17
Paralysis	*			6	*
Total practitioners	(878)	(72)	(74)	(36)	(1,060)
Total conditions	1,082	41	50	33	1,206

* A frequency of less than .5 per cent.

¹ Headache: Migraine; occipital pain; sub-occipital pain; cephalalgia.

² Neuritis: Neuralgia; brachial neuritis; sciatic neuritis; lumbar neuritis; spinal neuralgia; intercostal neuritis; plexus.

³ General Neurological: Nerve; neurological; neuropathy; nervous disorders.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

As indicated earlier in this chapter, the general psychological conditions category was not subdivided into specific types of psychological conditions, though the various psychological disorders reported are detailed in a footnote to Table VI-18, and in that same table the inter-professional comparison on this category was presented. It will perhaps be remembered that chiropractors most frequently recalled such patient conditions.

In the last of the major categories of general conditions most often treated (Table VI-21), visceral complaints – renal, gall bladder, “digestive”, functional,

liver, gastro-intestinal, organic, ulcers, dyspepsia, cholecystitis, glands — were by far the most commonly given. Particularly is this true for the naturopaths and chiropractor-naturopaths; two-thirds of the former group to over three-fourths of the latter mentioned this set of conditions. Cardiovascular conditions, the type ranking second in importance, is also most notably associated with the naturopaths and the chiropractor-naturopaths.

To summarize concerning specific patient conditions: both chiropractors and osteopaths specified lumbo-sacral spinal conditions as occurring most frequently with their patients. Both naturopaths and chiropractor-naturopaths singled out visceral conditions as occurring most frequently with their patients.

TABLE VI-21
PERCENTAGE OF PRACTITIONERS WHO REPORTED
TREATING VARIOUS OTHER SPECIFIC CONDITIONS

Specific Types of Other Conditions Treated	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Visceral ¹	41	78	20	67	43
Cardiovascular ²	10	36	7	53	13
Respiratory ³	11	35	15	25	13
General Health ⁴	6	4	7	11	6
Sinus ⁵	5	7	5	14	6
Allergies ⁶	5	6	1		5
Female ⁷	4	7	5	3	4
Proctology ⁸	4	4	3		3
Dermatological ⁹	2	18		11	3
Nutritional ¹⁰	1	29	4	14	3
Genito-Urinary.....	2	10		8	2
Infections ¹¹	1	4	4		1
Miscellaneous ¹²	9	7	18	3	9
Total practitioners	(878)	(72)	(74)	(36)	(1,060)
Total conditions	884	176	66	75	1,201

¹ *Visceral*: Renal; gall bladder; digestive; functional; liver; kidney; gastro-intestinal; stomach; organic; ulcers; dyspepsia; cholecystitis; glands.

² *Cardio-Vascular*: Heart; arterial; cardiac; blood pressure; circulatory; congestive; asthenia.

³ *Respiratory*: Colds; influenza; thoracic; bronchitis; nose; throat.

⁴ *General Health*: "Run down"; general deficiency; unnatural fatigue; constitutional; physiological; fever; systemic.

⁵ *Sinus*: Sinus; sinusitis.

⁶ *Allergies*: Asthma; hay fever.

⁷ *Female*: Menstrual; dysmenorrhea; female troubles; maternity.

⁸ *Proctology*: Eliminator problems; bowels; constipation; hemorrhoids.

⁹ *Dermatological*: Skin; herpes zoster; psoriasis; integumentary.

¹⁰ *Nutritional*: Obesity; underweight; blood dyscrasia.

¹¹ *Infections*: Cysts; contagious diseases.

¹² *Miscellaneous*: "Other"; "general"; "miscellaneous".

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Treatment of Patient Conditions

With some knowledge of patient maladies, it is now appropriate to enquire into some of the principal treatment procedures of these practitioners.

Therapeutic Equipment Used

Each respondent was asked to "Please list the *major* items of *therapeutic equipment* which you use". Five lines were provided on the questionnaire for answers, but again no suggestion was made as to the number of items to be listed by the practitioners. Some of the respondents named no items (Table VI-22); others listed as many as eight or nine items. In all, close to 100 different types or names of therapeutic devices were disclosed. Practitioners in the several groups varied considerably in terms of their preference for different types of therapeutic equipment. The responses have been classified into six categories of related equipment: physical structure corrective devices and adjuncts; electrical multi-functional devices (e.g., vibration, thermal, and/or chemical effects); mechanical devices; electrical thermal devices; hydro-therapeutic; inhalation therapy devices (Table VI-23). Each of these categories has a number of sub-categories as shown in Tables VI-24 through VI-29 inclusive.

TABLE VI-22
PERCENTAGE OF PRACTITIONERS BY THE NUMBER OF ITEMS
OF THERAPEUTIC EQUIPMENT LISTED

Major Items of Therapeutic Equipment	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	30	10	20		27
One	25	3	31	3	23
Two	15	6	19	11	14
Three	13	11	11	17	13
Four	9	13	10	14	9
Five	7	28	8	36	9
Six	2	18	1	8	3
Seven	1	10		6	1
Eight		1		6	1
Nine or more		1			
Total percentage ¹	102	101	100	101	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths, and osteopaths, 1962.

The 1,060 respondents listed a total of over 2,100 items of therapeutic equipment, or an average of 2.7 items per practitioner reporting the use of such equipment. The average is nearly twice as high for the naturopaths (4.8 items per practitioner), however, as for the chiropractors (2.5); the osteopaths (2.9) are thus more like the chiropractors in this matter, while the chiropractor-naturopaths (4.2) more closely resemble the naturopaths.

Of the respondents who listed no therapeutic equipment at all, some (but less than one-third of them) indicated that 'hand manipulation' without the use of equipment sufficed for treatment. Table VI-26 shows the percentage of practitioners in each category who listed none, one, two, etc., items of therapeutic equipment and from this it is apparent there is very considerable variation among the groups studied. While three-tenths of the chiropractors did not list an item of equipment, none of the chiropractor-naturopaths reported being without one or more of these items. In this matter, the naturopaths (one-tenth of whom mentioned no items) were more like the chiropractor-naturopaths, while the osteopaths (two-tenths of whom mentioned no items) were more like the chiropractors.

TABLE VI-23
PERCENTAGE¹ OF PRACTITIONERS WHO REPORTED USE OF MAJOR ITEMS
OF THERAPEUTIC EQUIPMENT, BY TYPE OF EQUIPMENT

Type of Therapeutic Equipment Used	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Physical Structure Corrective and Adjuncts	47	24	45	30	45
Electrical Thermal	38	85	64	89	45
Electrical Multi-functional	36	82	20	86	39
Mechanical	17	33	18	11	18
Hydro-therapeutic	2	21	11	19	4
Inhalation Therapy	1	10		8	2
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ The percentage contained in each entry represents that proportion of respondents for a health service who indicated use of one or more items of diagnostic equipment assigned to that particular general equipment category.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

This pattern of responses among the groups is even more pronounced at the other extreme of the number of items of therapeutic equipment listed: well over one-half of the naturopaths and chiropractor-naturopaths provided relatively longer (five or more items) lists of therapeutic equipment, whereas only about one-tenth of the chiropractors and osteopaths mentioned this many items.

Of the six general categories of therapeutic equipment, the physical structure corrective devices and adjuncts category along with the electrical thermal devices category includes an equally large proportion of the 1,060 practitioners (Table VI-23) and nearly half of the persons may be so classified. But there is some variation among the groups involved; chiropractors were nearly twice as likely to mention physical structure corrective devices and adjuncts, largely "adjusting tables" (Table VI-24) as were the naturopaths; and the osteopaths responded similarly to the chiropractors, and the chiropractor-naturopaths to the naturopaths, though not quite as extremely.

TABLE VI-24

PERCENTAGE OF PRACTITIONER RESPONSES INDICATING THE USE OF SPECIFIC TYPES OF PHYSICAL STRUCTURE CORRECTIVE EQUIPMENT AND ADJUNCTS

Specific Type of Physical Structure Corrective Equipment	Proportion of All Therapeutic Equipment				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Adjusting Table, Hi-Lo Table, Treatment Table.....	18	4	11	6	15
Traction Apparatus	6	2	7	3	5
Cervical Traction.....	1				1
Side Posture Table	1				1
Lumbar Traction.....	1				*
Spinealigner, Posturizer.....	1				*
Micro-surgical.....			1		*
Miscellaneous (incl. resting bed, etc.).....	1				*
Total physical structure percentages ¹	28	6	19	9	23
Total number therapeutic equipment responses.....	(1,538)	(313)	(135)	(150)	(2,136)

¹ Because of rounding individual percentages in the columns, they do not add to exactly the total shown.

* A frequency of less than .5 per cent.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

For the electrical thermal therapeutic devices there was an even more pronounced inter-professional difference, as may be seen in Table VI-23. While most naturopaths and chiropractor-naturopaths listed electrical thermal devices, less than two-fifths of the chiropractors did so; the osteopaths ranged about midway between these groups. Table VI-25 shows that, specifically, infrared devices are most often employed to achieve thermal effects.

Referring again to Table VI-23, the category containing what are here called "electrical multi-function devices" reportedly entail vibration, thermal and/or chemical effects on the human organism. (The specific apparatus are detailed in Table VI-26). Over four-fifths of the naturopaths and the chiropractor-naturopaths mentioned use of such devices, as compared to one-fifth of the osteopaths who made such entries. Over one-third of the chiropractors indicated use of electrical multi-function equipment for therapeutic purposes. In greatest evidence are "ultra-sonic" and "ultra-sonar" devices (Table VI-26).

Less popular were mechanical therapy devices, such as vibrators, to which less than one-fifth of the 1,060 respondents referred (Table VI-23). In contrast to the total group average rate of utilization shown by the chiropractors and osteopaths, however, and the infrequent use by the chiropractor-naturopaths, they are mentioned by one-third of the naturopaths. Table VI-27 shows the specific types of mechanical therapy apparatus which are most commonly used are vibrators.

TABLE VI-25
PERCENTAGE OF PRACTITIONER RESPONSES INDICATING THE USE OF
SPECIFIC TYPES OF ELECTRICAL THERMAL THERAPEUTIC EQUIPMENT

Specific Type of Electrical Thermal Equipment	Proportion of All Therapeutic Equipment				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Infra-Red Lamp, Deep Therapy Light or Lamp	10	13	13	14	11
Ultra-Violet, Carbon Arc, Cold Quartz, Hg.....	6	14	10	12	8
Long Wave Diathermy, Plasmatic	5	8	6	1	5
Short Wave Diathermy	5	4	8	9	5
Short Wave	5		1	11	5
Ultra Short Wave, Diapulse	1	6	13		3
Microthermy, Micro-Wave Diathermy	1	*		3	1
Hyphrecator		1	1		*
Miscellaneous (incl. Heat Lamp, Sun Lamp, Sound Lamp).....	1	1	3	1	1
Total electrical thermal percentages ¹	35	48	54	49	39
Total number therapeutic equipment responses.....	(1,538)	(313)	(135)	(150)	(2,136)

¹ Because of rounding individual percentages in the columns, they do not add to exactly the total shown.

* A frequency of less than .5 per cent.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

TABLE VI-26
PERCENTAGE OF PRACTITIONER RESPONSES INDICATING THE USE OF
SPECIFIC TYPES OF ELECTRICAL MULTI-FUNCTION THERAPEUTIC EQUIPMENT

Specific Type of Electrical Multi-Function Therapeutic Equipment	Proportion of All Therapeutic Equipment Responses				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Ultra-Sonic, Ultra-Sonar	14	8	8	13	13
Galvanic-Faradic-Sinusoidal Unit, Galvosine, Galsone, Neucleo-Electronics Generator	3	8	3	9	4
Low Voltage, Low Voltage Generator	5	2	2	2	4
Galvanic Generator, Galvanism, Anatometer	2	4	2	3	3
Sine-Wave Generator, Surging Sine Wave	1	3		2	1
Radioclast, Radionics	*	1	1	1	1
Chromotherapy		2			*
Miscellaneous (incl. Neurocalometer, Sw Colonic) .	*	1	2	3	1
Total electrical multi-function therapeutic percentages ¹ ...	27	29	19	33	27
Total number therapeutic equipment responses	(1,538)	(313)	(135)	(150)	(2,136)

¹ Because of rounding individual percentages in the columns, they do not add to exactly the total shown.

* A frequency of less than .5 per cent.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Hydro-therapeutic devices and inhalation therapy devices, the two remaining major categories were not used widely. About one-fifth of the naturopaths and chiropractor-naturopaths noted the former category, as did half that proportion of osteopaths, and extremely few chiropractors. Reference was most frequently made to colonic irrigation devices (Table VI-28). Inhalation therapy was included by one-tenth of the naturopaths and nearly that proportion of chiropractor-naturopaths, but inhalation equipment was hardly mentioned by the chiropractors, and was not mentioned by the osteopaths. The specific types of these devices are listed in Table VI-29.

TABLE VI-27
PERCENTAGE OF PRACTITIONER RESPONSES INDICATING THE USE OF
SPECIFIC TYPES OF MECHANICAL THERAPEUTIC EQUIPMENT

Specific Type of Mechanical Therapeutic Equipment	Proportion of All Therapeutic Equipment Responses				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Vibrator, Foot Vibrator, Pulsation Concussor, Percussor	9	7	2	1	7
Vibro-Extension Table, Spinolator, Intermittent Electraction Machine Oscillator, Medcolator.....	1	2		1	1
Massage Therapy Equipment	*	1			*
Pneumatic Devices		*			*
Acupuncture			1		*
Miscellaneous	*				*
Total mechanical percentages ¹	9	9	3	2	8
Total number therapeutic equipment responses.....	(1,538)	(313)	(135)	(150)	(2,136)

¹ Because of rounding individual percentages in the columns, they do not add to exactly the total shown.

* A frequency of less than .5 per cent.

Source: Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

To summarize concerning the use of therapeutic devices, it was both the naturopaths and the chiropractor-naturopaths who reported most extensive usage of this equipment, and they appear to place greatest emphasis upon electrical thermal and electrical multi-function devices. In contrast, employment of therapeutic apparatus appears to be decidedly less evident among chiropractors and osteopaths, but where such devices were reported physical structure corrective and electrical thermal equipment were most often reported.

TABLE VI-28
PERCENTAGE OF PRACTITIONER RESPONSES INDICATING
THE USE OF SPECIFIC TYPES OF HYDRO-THERAPEUTIC EQUIPMENT

Specific Type of Hydro-Therapeutic Equipment	Proportion of All Therapeutic Equipment Responses				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Hydrocolator, Colonic Irrigator...	*	4	1	1	1
Steam Cabinet or Bath	*	1		3	1
Steam Packs.....	*		4		*
Hydro-therapy Equipment.....		1		2	*
Mineral Bath.....	*				*
Ice Pack	*				*
Miscellaneous	*				*
Total hydro-therapeutic percentages ¹	1	6	5	5	2
Total number therapeutic equipment responses	(1,538)	(313)	(135)	(150)	(2,136)

¹ Because of rounding individual percentages in the columns, they do not add to exactly the total shown.

* A frequency of less than .5 per cent.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

TABLE VI-29
PERCENTAGE OF PRACTITIONER RESPONSES INDICATING
THE USE OF SPECIFIC TYPES OF INHALATION THERAPEUTIC EQUIPMENT

Specific Type of Inhalation Therapeutic Equipment	Proportion of All Therapeutic Equipment Responses				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Oxygen, O ₂ , Aeroce1, Aerophil ...	*	2		2	1
Octozone Generator.....		*			*
Nasal Nebulizer.....	*				*
Unspecified Inhalation Device ...	*	*			*
Total inhalation percentages ..	*	3		2	1
Total number therapeutic equipment responses.....	(1,538)	(313)	(135)	(150)	(2,136)

* A frequency of less than .5 per cent.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Use of Certain Treatment Methods

To provide information concerning further aspects of therapy practitioners were asked to estimate the proportion of their patients for whom each of the following types of treatment were suggested in therapy:¹⁶

- A vitamin regimen;
- A general dietary programme;
- Prescription drugs;
- Non-prescription drugs;
- A programme of exercise;
- Psychological counselling.

In the following section the responses to each of these are presented, and the four groups compared.

The percentages in Table VI-30 indicate that many (four-fifths) of the practitioners made some use of a vitamin regimen in therapy; but of these practitioners the majority (two-thirds of the total number of respondents) suggested it for one-third or fewer of their patients. More than one-fifth of the chiropractors reported that they never suggest a vitamin regimen, as contrasted with the other three groups where the proportions of practitioners who never suggest this method of therapy are quite small. On the other hand, only a very few practitioners (one per cent of the total number of respondents) reported that they suggest vitamin regimen for all of their patients. It is the naturopaths and the chiropractor-naturopaths who seemed most disposed to apply a vitamin regimen in the attempt to alleviate patient conditions. For example, nearly one-half of the naturopaths reported recommending such a regimen to one-half or more of their patients.

TABLE VI-30

SUMMARY PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE PROPORTION OF THEIR PATIENTS FOR WHOM A VITAMIN REGIMEN IS SUGGESTED IN THERAPY

Proportion of Patients for Whom Vitamin Regimen Was Suggested	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	22	4	8	3	19
About one-third or fewer.....	70	43	84	56	68
About one-half	3	24	1	17	5
About two-thirds or more	3	17	5	22	5
All patients	1	7	—	3	1
No response	1	6	1	—	2
Total percentage ¹	100	101	99	101	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

¹⁶ The question was: "For what proportion of your patients would you estimate that you suggest a vitamin regimen?"

The use of dietary programmes (Table VI-31) appears to have been somewhat more evident among these practitioners than was true for a vitamin regimen; nine-tenths of the practitioners made reference to dietary programmes. Naturopaths and chiropractor-naturopaths tended to make more frequent application of this technique than the chiropractors and osteopaths, as nearly two-thirds of the naturopaths and over one-half of the chiropractor-naturopaths indicated that they recommended dietary programmes for one-half or more of their patients, including a substantial portion (one-fifth) of the naturopaths who so recommended to all their patients.

TABLE VI-31
SUMMARY PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE
PROPORTION OF THEIR PATIENTS FOR WHOM A GENERAL DIETARY
PROGRAMME WAS SUGGESTED IN THERAPY

Proportion of Patients for Whom Dietary Programme Was Suggested	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	11	1	3	—	9
About one-third or fewer	70	29	77	47	67
About one-half	7	14	8	25	8
About two-thirds or more	9	32	8	20	11
All patients	2	19	4	8	4
No response	1	4	—	—	1
Total percentage ¹	100	99 ¹	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total to 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Next, there is the question of the use of prescription drugs in therapy. According to the laws of several Canadian provinces, no chiropractor, naturopath, or osteopath, unless he is a licensed medical practitioner as well, can use what are commonly known as “prescription drugs”. Nevertheless they may, if they choose, suggest to a patient the possible desirability of some prescription drugs, presumably by means of the patient visiting a licensed medical practitioner who may prescribe that drug. In effect, this is a form of referral, if not necessarily to a particular individual then to the medical profession in general. If the suggested use of “prescription drugs” is an indicator of such referral practices, then, as seen below, the osteopathic practitioners are most inclined in this direction.

The responses to the question: “For what proportion of your patients would you estimate that you suggest the use of ‘prescription drugs?’” are summarized in Table VI-32 and indicate that such drugs were occasionally suggested by over one-fifth of the 1,060 practitioners. This generalization for the total group of practitioners, however, fails to note the marked divergence of the osteopaths: two-thirds of this group reported recommending the possible use of “prescription drugs”.

At the other extreme, chiropractors were proportionately less likely to suggest such drugs and those who did sometimes suggest prescription drugs, did so for only a minority – usually fewer than one-tenth of their patients.¹⁷

TABLE VI-32
SUMMARY PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY
THE PROPORTION OF THEIR PATIENTS FOR WHOM THE USE OF
“PRESCRIPTION DRUGS” WAS SUGGESTED IN THERAPY

Proportion of Patients for Whom Use of “Prescription Drugs” Is Suggested	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None.....	80	70	26	69	75
About one-third or fewer.....	18	24	66	31	22
About one-half.....	—	—	1	—	—
About two-thirds or more.....	—	3	—	—	—
All patients.....	—	—	—	—	—
No response.....	2	4	7	—	3
Total percentage ¹	100	101	100	100	100
Total practitioners.....	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

The use of non-prescription drugs in therapy is quite another matter. Any practitioner can suggest the use of a non-prescription drug to a patient. But the majority of chiropractors (seven-tenths of them), for example, nevertheless reported that they did not do this (Table VI-33); another one-fifth of the chiropractic respondents reported that they made such suggestions to some patients, but estimated this number to constitute less than one-tenth of their patient load. Given the patient conditions most often treated by chiropractors as noted earlier in this chapter, the lack of emphasis on any form of drugs is perhaps consistent with both the chiropractic approach to healing and the emphasis on musculo-skeletal conditions.

In distinct contrast, half of the chiropractor-naturopath practitioners, almost two-thirds of the naturopaths, and most of the osteopaths reported that they sometimes suggested non-prescription drugs in therapy. The naturopaths evidently made the most of non-prescription drugs (Table VI-33). A few naturopaths indicated the use of this category of medications for all of their patients.

The use of a programme of exercise is the one therapeutic approach which was most uniformly applied among these groups. Although some type of exercise was almost universally suggested by chiropractic, naturopathic and osteopathic practitioners – at least for some of their patients – about two-thirds of the practitioners recommended exercise to only a limited number of their patients (Table

¹⁷ This may be seen in Table VI-32, which presents a complete distribution of the responses to this question.

VI-34). Only a small proportion of practitioners suggested exercise for all of their patients, and not very many suggested it for a majority of their patients.

TABLE VI-33
SUMMARY PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY
THE PROPORTION OF THEIR PATIENTS FOR WHOM THE USE OF
NON-PRESCRIPTION DRUGS WAS SUGGESTED IN THERAPY

Proportion of Patients for Whom Use of Non-prescription Drugs Was Suggested	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	71	33	15	50	64
About one-third or fewer	27	35	84	47	32
About one-half	—	8	—	—	1
About two-thirds or more	—	15	1	3	2
All patients	—	6	—	—	1
No response	2	3	—	—	1
Total percentage ¹	100	100	100	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

TABLE VI-34
SUMMARY PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY
THE PROPORTION OF THEIR PATIENTS FOR WHOM THE USE OF
AN EXERCISE PROGRAMME WAS SUGGESTED IN THERAPY

Proportion of Patients for Whom Use of an Exercise Programme Was Suggested	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	3	1	1	—	3
About one-third or fewer	64	63	71	72	65
About one-half	12	14	15	11	12
About two-thirds or more	17	14	11	14	16
All patients	2	6	—	3	2
No response	2	3	1	—	2
Total percentage ¹	100	101	99	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

The last of the six therapeutic methods singled out for questioning involved the use of psychological counselling in therapy. In Chapter V of this study, the amount of training practitioners have had in the subject of "psychological counselling" was discussed. The discussion is all the more interesting in light of the fact that most practitioners who were asked: "For what proportion of your patients do you do some psychological counselling?" replied that they utilize such counselling in at least some of their therapeutic work. Upon examination of Table VI-35, however, psychological matters appear to be more extensively involved in the reported treatment of naturopathic, osteopathic and chiropractic-naturopath patients than in chiropractic patients. (That chiropractors did not stress psychological counselling in therapy should be interpreted in the light of the earlier noted tendency for chiropractors to single out psychological patient conditions for more frequent mention than did any of the other healing arts.) In every practitioner category, though, the proportion of practitioners who use psychological counselling with more than a minority of their patients was relatively small.¹⁸ There were a few practitioners in all four groups, though, who reported use of psychological counselling with all of their patients, perhaps feeling that many forms of patient complaints entail a psychological component.

TABLE VI-35
SUMMARY PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY
THE PROPORTION OF THEIR PATIENTS FOR WHOM SOME
PSYCHOLOGICAL COUNSELLING WAS DONE IN THERAPY

Proportion of Patients for Whom Psychological Counselling Was Done	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	17	7	7	8	15
About one-third or fewer	72	71	72	81	72
About one-half	4	3	7	3	4
About two-thirds or more	4	10	6	6	5
All patients	2	6	8	3	3
No response	1	4	1	—	1
Total percentage ¹	100	101	101	101	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Referral Practices

Though in a narrower and more professional sense the word "referral" implies only intra- and inter-professional recommendations; "referral" as it is used

¹⁸ See Table VI-35 for a complete distribution of responses to this question.

here involves the recommendation of a practitioner to a patient by another member of the same professional group, by a member of a different group or related group, or by a lay person. The questionnaire used in this survey included three questions concerning the referral of patients: the first dealt with the proportion of patients that come to chiropractic, naturopathic, osteopathic and chiropractic-naturopathic practitioners through any type of referral; the second asked for the practitioner's major source of patient referrals; and the third for the proportion of patients that a practitioner sees over the year whom he prefers not to treat, and may refer elsewhere.

It is evident that there are minor differences among the several groups (Table VI-36). Only a very few practitioners reported that none of their patients come through some type of referral; on the other hand, a few practitioners indicated that referrals account for all of their patients. In each group the response that "about nine-tenths of my patients originally come through referrals" was the most common.

TABLE VI-36
SUMMARY PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY
THE PROPORTION OF THEIR PATIENTS WHO ORIGINALLY COME THROUGH
PROFESSIONAL AND NON-PROFESSIONAL REFERRALS

Proportion of Patients Who Come Through Referrals	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	1	6	3	—	2
About one-third or fewer	23	17	34	31	24
About one-half	9	6	7	6	9
About two-thirds or more	57	45	42	53	55
All patients	7	17	14	11	8
No response	2	11	1	—	3
Total percentage ¹	99	102	101	101	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Percentages do not total to 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

It has been shown that referrals were reported to account for the majority of all chiropractic, osteopathic and naturopathic patients. What, then, is the major source of these referrals? All of the chiropractor-naturopaths who reported any referrals at all stated that the majority of these referral sources was "other patients of mine" (Table VI-37). This was also the major referral source reported by over nine-tenths of the chiropractors and just under that proportion of the naturopaths. Very few practitioners reported intra- or inter-professional contacts as their major referral source.

TABLE VI-37
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
BY THE MAJOR SOURCE OF PATIENT REFERRALS

Patient Referral Source	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Other patients	94	88	87	94	93
Own profession	1	3	—	—	1
Other healing arts	1	1	1	—	1
Other sources	3	2	9	—	2
No referral	1	6	3	—	2
No response	—	—	—	6	1
Total percentage	100	100	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Intra- and inter-professional referrals may originate when a practitioner feels that he would prefer not to treat a patient with a particular condition. The respondents were asked to estimate the proportion of the persons that they see during a year who have conditions which they prefer not to treat. It is worth noting that only one per cent of the respondents reported this proportion to be zero; that is, one practitioner in a hundred reported not encountering persons with illnesses to be referred elsewhere (Table VI-38). However, more than half of all respondents (ranging from one-half of the chiropractors to two-thirds of the osteopaths) reported a proportion of 5 per cent or less of their patients who needed to be referred to someone else. This could mean that these practitioners are treating a very wide range of human ills and/or that only persons with certain types of complaints present themselves to these practitioners. This may indicate that many patients consider these practitioners specialists.

The Economics of Practice

Having learned something about the varying approaches and emphases in the treatment of patient conditions, it is useful to enquire about certain economic arrangements associated with both diagnosis and treatment, as well as the monetary rewards accruing to these practitioners for professional services rendered.

Family Expenditures

It was reported in the Canadian Sickness Survey of 1950-51 that 1.9 per cent of all expenditures for health care were devoted to "other health services", which

included chiropractic, naturopathic and osteopathic services, along with physiotherapy and other forms of non-medical or dental health care.¹⁹ It was also noted in the same survey that “spending families spent an average of \$22.70 each, an amount close to that for dental or eye services”. On the average \$28.70 was spent per year by one-person families, and “the expenditure decreased with increasing family size to \$16.70 for families of 5-6 persons”. It was also noted that nearly one-half of the spending families spent less than \$10 for “other health services” and about 20 per cent spent over \$30 per year. Unfortunately these data are old; but there are no more recent data. The average dollar expenditures shown in the 1950-51 Canadian Sickness Survey reflect neither subsequent inflation of the economy nor raised levels of disposable income. Inadequate as these data are however, they do serve to indicate that the average per family costs for chiropractic, naturopathic and osteopathic care possibly have never been large; this would be consistent with the fee structures outlined below from the Royal Commission survey. (It must be realized, however, that the latter survey excludes any direct measurement of patient use of chiropractic, naturopathic and osteopathic services.)

TABLE VI-38
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY
THE PROPORTION OF PERSONS THEY SEE IN A YEAR WHO HAVE
CONDITIONS THEY PREFER NOT TO TREAT

Persons Who have Conditions Which Respondent Prefers Not to Treat	Health Service				
	Chiro. %	Naturo. %	Osteo. %	C-N %	Total %
None	1	1	1	—	1
5 per cent or less (excl. 0%) ...	52	63	68	58	54
6 to 10 per cent	29	19	23	22	28
Over 10 per cent	14	13	7	14	13
Miscellaneous	2	1	—	3	2
No response	2	3	1	3	2
Total percentage	100	100	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Average Patient Fees

The questionnaire requested information about the average fee charged per visit. The question asked was: “What is the average fee for an office visit?” Of course, this does not give a complete picture of the fee systems used by these practitioners as it does not take into account the fees charged for first visits if they are different from the “average”, and the costs of special diagnostic – for

¹⁹ The Department of National Health and Welfare and the Dominion Bureau of Statistics, *Illness and Health Care in Canada, Canadian Sickness Survey, 1950-51*, Ottawa, 1960.

example, X-ray – and therapeutic procedures.²⁰ Responses concerning average fee charged per visit have been categorized and are shown in Table VI-39. In almost every case the actual response reported by the practitioners was at the lower limit of the range for a particular category.

Almost half of the respondents reported an average fee in the \$4.00 to \$4.99 category, which, as noted above, usually refers to a \$4.00 fee: thus the average (median) regular fee was a little more than \$4.00. In all, nearly nine-tenths of practitioners indicated charging less than \$5.00 for an average office visit. Only a very small fraction of these practitioners charge as much as \$7.00 or more.

²⁰ One provincial example is presented in the following tabulation:

Ontario Chiropractic Association Fee Schedule
(approved in convention, September 1961)
covering
services rendered and generally available
in the average chiropractic office

Calls:

1. First office or house call	\$3.00 to \$10.00
2. Subsequent office calls	\$3.00 to \$ 5.00
3. House calls	\$4.00 to \$ 6.00

(over two miles, add 50¢ per mile, one way)

Procedure Fees:

1. Haematology	
Blood Count	\$5.00
Haemoglobin	\$1.00
2. Urinalysis	\$2.00
3. Physical Examination	\$5.00
4. Cardiovascular Examination	up to \$16.00
5. X-ray (a) Skull	\$15.00
(b) Facial bones	\$10.00
(c) Mandible	\$10.00
(d) Shoulder Girdle or Clavicle	\$12.00
(e) Chest – flat film	\$ 6.00
– AP and lateral	\$10.00
(f) Ribs – Local area, two views	\$10.00
(g) Sternum	\$10.00
(h) Cervical spine	\$15.00
(i) Thoracic spine	\$15.00
(j) Lumbar spine	\$15.00
(k) Complete spine, sectional	\$35.00
(l) Full spine – AP	\$15.00
(m) Pelvis	\$15.00
(n) Hip Joint	\$15.00
(o) Fingers or Toes	\$ 5.00
(p) Hand	\$10.00
(q) Foot	\$10.00
(r) All other extremity parts	\$10.00

Source: *Canadian Chiropractic Association*, Ontario Division, brief to The Royal Commission on Health Services, Toronto, May 1962, Appendix III.

There are, however, some differences among the groups in the average fee charged per visit. Compared with the other groups, the chiropractors tended toward lower fees per visit, since well over nine-tenths of this group reported charging less than \$5.00 per visit; moreover, it appears that about two-fifths of the chiropractors charge \$3.00 or less. In contrast, a little over one-half of the osteopaths indicated they charged less than \$5.00. The naturopaths and chiropractor-naturopaths fall between these two extremes, with the naturopaths corresponding more closely to the fee pattern of the osteopaths than the chiropractors (Table VI-39).

TABLE VI-39
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY
AVERAGE FEE CHARGED PER VISIT

Average Fee per Office Visit	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Less than \$3.00	3	7	1	11	4
\$3.00 - \$3.99	40	22	14	25	37
\$4.00 - \$4.99	51	35	38	50	49
\$5.00 - \$5.99	4	21	38	8	8
\$6.00 - \$6.99		4	3	3	1
\$7.00 - or more ¹		7	7	3	1
No response	1	4			1
Total percentage ²	99	100	101	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Includes few responses of \$10.00 or more.
²Percentages do not total to 100 because of rounding.

“Course of Treatments” and Regular Fee Payment System

As another aspect of payment of fees, all practitioners were asked: “If you provide a course of treatments involving either a prepaid plan or some special fee system, what proportion of your patients take advantage of this service?” (Sometimes these fee arrangements involve a reduction in the per visit fee rate.) In reply, just under three-quarters of the practitioners indicated that they do not offer a “course of treatments” involving a special fee system. Reportedly, naturopaths were most likely to use such arrangements — though still a distinct minority of that group did so (Table VI-40). Osteopaths were least likely to report the use of such a prepaid or “special” fee system. Sixteen practitioners, including no osteopaths, reported that all of their patients come under a “course of treatments” system, and 51 others (or about 5 per cent of all practitioners studied) reported that at least half of their patients are treated under this financial arrangement; apparently this is not a very common practice in Canada.²¹

²¹ For some reason, a sizeable proportion, one out of ten, chiropractic and osteopathic respondents were apparently sensitive about this topic and chose not to answer the question. By comparison only about one per cent of the respondents did not answer the question concerning average fee paid per visit, as may be seen in Table VI-39.

TABLE VI-40
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY
THE REPORTED PROPORTION OF THEIR PATIENTS WHO TAKE ADVANTAGE OF
A "COURSE OF TREATMENTS" PREPAID OR SPECIAL FEE SYSTEM

Proportion of Patients to Whom "Course of Treatments" Fee System Applies	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
No patients	74	71	82	75	74
About one-third or fewer	9	13	4	8	9
About one-half	2	1	1	3	2
About two-thirds or more	3	6	1	3	3
All patients	1	3		6	2
No response	11	7	11	6	10
Total percentage ¹	100	101	99	101	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

In contrast, it appears to be common for chiropractic, naturopathic and osteopathic patients to pay for services rendered at the time of their visits to the practitioner's office (Table VI-41). Two-thirds of all practitioners reported that at least two-thirds of their patients pay at the time of each visit. Extremely few of the 1,060 practitioners reported that none of their patients pay at the time of each visit. Moreover, there are some interesting variations among the professions compared in Table VI-41; for example, there is a tendency for osteopaths to be paid at the time of each visit less frequently than the other groups, and this difference is most notable when the osteopaths are compared to the chiropractor-naturopath group.

TABLE VI-41
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY
THE PROPORTION OF THEIR PATIENTS WHO PAY FOR SERVICES AT THE
TIME OF EACH VISIT

Proportion of Patients Who Pay at the Time of Each Visit	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
No patients		1	1		
About one-third or fewer	19	20	30	11	20
About one-half	15	13	15	6	15
About two-thirds or more	59	53	41	70	58
All patients	6	13	14	14	8
Total percentage ¹	99	100	101	101	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Chiropractors, naturopaths and osteopaths were asked: "What proportion of your patients 'pay' through some form of insurance or other coverage?" Most practitioners – that is, over nine-tenths of them – reported being paid a portion of their fees through some form of patient insurance coverage. For well over half of the practitioners, however, such coverage accounted for one-tenth or fewer of their patients. Only a very few practitioners were paid more than half of their fees in this manner (Table VI-42). Naturopaths were least likely to have patients whose fees are paid through insurance; nearly one-fourth of this group reported no patients so covered. This pattern probably reflects Workmen's Compensation coverage eligibility.

TABLE VI-42
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY
THE PROPORTION OF THEIR PATIENTS WHOSE FEES ARE PAID THROUGH AN
INSURANCE COVERAGE OR RELATED SYSTEM

Proportion of Patients Whose Fees are Paid Through Some Form of Insurance	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
No patients.....	6	24	7	11	7
About one-third or fewer	88	74	87	89	87
About one-half.....	4	1	1		4
About two-thirds or more	1		6		2
All patients					
No response	1	1			1
Total percentage ¹	100	100	101	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Voluntary and Involuntary Donation of Services

Negligence or delinquency in the payment of fees by patients is a problem in many professions. "What proportion of your patients would you say are delinquent or negligent in the payment of their fees?" was the question asked. Over nine-tenths of the 1,060 practitioners surveyed reported that at least some of their patients were in this category. Table VI-43 shows that this was somewhat less of a problem among osteopaths than among the other practitioners. But most common was the estimate that about one-tenth or fewer patients presented a problem in the remittance of fees.

Although patient negligence in payment of fees is not uncommon among these practitioners, recourse to collection agencies is by no means universal (Table VI-44). Practitioners were asked whether, when patients were delinquent

in the payment of fees, they used the service of a collection agency. About two-fifths noted that they never used collection agencies, some presumably because they never have this problem, a tendency most pronounced with the chiropractor-naturopaths. About one-twentieth of all practitioners reported "always" using a collection agency under these circumstances, while over one-half do so either "sometimes" or "rarely".

TABLE VI-43
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY
THE PROPORTION OF THEIR PATIENTS WHO ARE REPORTED DELINQUENT OR
NEGLIGENT IN THE PAYMENT OF THEIR FEES

Proportion of Patients Reported Delinquent or Negligent in the Payment of Their Fees	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
No patients	7	11	14	11	8
About one-third or fewer	91	83	85	86	90
About one-half	1	1			1
About two-thirds or more		1		3	
All patients			1		1
No response	1	3			
Total percentage ¹	100	99	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

TABLE VI-44
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY WHETHER
OR NOT THEY USE COLLECTION AGENCY SERVICES TO DEAL WITH
DELINQUENCY IN PAYMENT OF FEES

Use of Collection Agency Services When Patients Delinquent in Fee Payments	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Always	5	4	7		5
Sometimes	26	19	19	19	25
Rarely	30	31	30	22	30
Never (or no patients delinquent)	38	43	43	58	39
No response	1	3	1		1
Total percentage ¹	100	100	100	99	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

The voluntary donation of services was explored in the Royal Commission survey, when practitioners were asked to indicate the frequency with which they have been called upon for “charity or other free case work”. The most frequent response was “less than one case per week” (Table VI-45), whereas relatively few practitioners provide services for five or more charity cases per week. Although the differences among the three larger professional groups are not very great, the chiropractor-naturopaths seem more prone to be at one or the other end of the distribution of responses to this question; that is, a larger proportion of no charity work, along with a larger proportion of five or more charity patient visits per week was reported by the chiropractor-naturopaths.

TABLE VI-45
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY
THE FREQUENCY AT WHICH THEY REPORT BEING CALLED UPON FOR FREE
OR CHARITY CASE WORK

Frequency of Charity or Other Free Case Work	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None at all	12	11	8	19	12
Less than one case per week . . .	56	42	45	31	53
About one to four cases per week	25	42	37	22	27
About five to nine cases per week	4	1	4	22	4
10 or more cases per week.	2		3	3	2
No response	1	4	4	3	2
Total percentage ¹	100	100	101	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Practitioner Income

What are the monetary rewards for professional services and how satisfied are these practitioners with them? General level of satisfaction with current professional income must be viewed in the context of gross income from practice, professional overhead costs, net income from practice, income from other sources, and the sources of additional income. Average monthly gross professional incomes were reported on a wide range from under \$200 to well over \$2,000 (Table VI-46). The median gross income²² for chiropractors, and for the entire group of respondents, falls between \$800 and \$899 per month. Reportedly, the median gross income for naturopaths also falls between \$800 and \$899; for osteopaths between \$900 and \$999;²³ and for chiropractor-naturopaths between \$600 and \$699 per month.

²² The ‘median’ is computed by ranking all of the practitioner responses from highest to lowest income and selecting the middle or central response. Half of the responses fall above that number, half below.

²³ According to *Life* magazine, a 1959 survey showed that the “average yearly income” of osteopaths in the United States at that time was \$16,500 per year, which is two-fifths more than the annual gross income reported by Canadian osteopaths in 1962. (*Life*, September 26, 1960, p. 110.)

TABLE VI-46

PERCENTAGE DISTRIBUTION OF PRACTITIONERS
BY THE ESTIMATED AVERAGE MONTHLY GROSS PROFESSIONAL INCOME REPORTED

Average Monthly Gross Income from Professional Practice	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Under \$ 200	2.6	6.9	6.8		3.1
\$ 200—\$ 299	3.4	6.9	1.4	2.8	3.5
\$ 300—\$ 399	4.4	15.3	4.1	2.8	5.1
\$ 400—\$ 499	8.3	4.2	2.7	8.3	7.6
\$ 500—\$ 599	7.9	1.4	10.8	19.4	8.0
\$ 600—\$ 699	7.5	5.6	6.8	16.7Mdn	7.6
\$ 700—\$ 799	7.1	2.8	6.8		6.5
\$ 800—\$ 899	8.1Mdn	4.2Mdn	6.8	5.6	7.6
\$ 900—\$ 999	4.9	4.2	9.5Mdn	2.8	5.1
\$1,000—\$1,099	9.3	11.1	8.1	2.8	9.2
\$1,100—\$1,499	13.0	6.9	8.1	8.3	12.1
\$1,500—\$1,999	11.2	9.7	13.5	11.1	11.2
\$2,000 and over	8.9	15.3	10.8	16.7	9.7
Unclassifiable responses .....	.7	1.4	1.4	.0	.8
No response	2.7	4.2	2.7	2.8	2.8
Total percentage	100.0	100.1	100.3	100.1	99.9
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

The majority of all respondents (52 per cent) reported their monthly gross professional income to be between \$400 and \$1,099. Professional overhead costs were also reported over a wide range, from under \$100 per month to over \$1,100 per month (Table VI-47). The median in this range for every professional category, except the naturopaths, falls between \$300 and \$399 per month. For the naturopaths it is near the top of the \$200 and \$299 category.

For each practitioner the reported average monthly overhead estimate was subtracted from the reported average monthly gross professional income, the result being the estimated average monthly net professional income (Table VI-48). The very wide range of net monthly incomes is interesting, ranging as they do from under \$100 to over \$2,000 per month. Comparing the medians for each professional category the osteopaths appear to average the highest; their estimated median net income is somewhere between \$600 and \$699 per month. The chiropractors and naturopaths rank next with estimated median net incomes between \$500 and \$599 per month; the chiropractic median is somewhat higher in that range than the naturopathic. The chiropractor-naturopath group shows the lowest estimated average monthly net professional income, between \$400 and \$499.

TABLE VI-47
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE ESTIMATED
AVERAGE MONTHLY PROFESSIONAL OVERHEAD COSTS REPORTED

Amount of Average Monthly Professional Overhead Costs	Health Service				
	Chiro.	Naturo.	Osteo.	C-N.	Total
	%	%	%	%	%
Under \$100	6.9	9.7	6.8	8.3	7.2
\$100-\$199	18.9	25.0	18.9	25.0	19.5
\$200-\$299	18.6	9.7Mdn	21.6	2.8	17.6
\$300-\$399	14.4Mdn	6.9	14.9Mdn	11.1Mdn	13.8Mdn
\$400-\$499	9.7	1.4	5.4	5.6	8.7
\$500-\$599	7.7	9.7	8.1	13.9	8.1
\$600-\$699	5.6	2.8	4.1	11.1	5.5
\$700-\$799	3.5	2.8	5.4	5.6	3.7
\$800-\$899	3.2	6.9	1.4		3.2
\$900-\$999 .....	.7	1.4	1.4	2.8	.8
\$1,000 and over	4.7	12.5	2.8	8.4	5.2
Other (e.g., on salary) .....	.9	4.2	2.7		1.2
No response.....	5.2	6.9	6.8	5.6	5.5
Total percentage	100.5	99.9	100.3	100.2	100.0
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

A realistic consideration of income must also include sources other than strictly professional income because these may affect attitudes toward the latter. Practitioners were asked to estimate the average income that they received per month from any source or sources other than their professional practices. Just about one-third of the total number of respondents reported this type of income (Table VI-49), but somewhat larger proportions of the naturopaths and the osteopaths reported this than did the other groups. For these more affluent respondents, most reported 'outside' incomes of less than \$200 per month. A few in the \$400 or more category reported an 'outside' income of as much as \$750 to \$800 per month; however, the median response fell somewhere between \$100 and \$199 per month. What are the sources of this additional income? Real estate holdings, rentals and property mortgages constitute the major additional income sources (Table VI-50) and investments such as stock and bond holdings seem to be next in importance.

Given the knowledge, then, that on the average net income for these groups ranged between approximately \$450 and \$650 in 1962, and that a minority of them enjoyed modest supplemental incomes, what was their evaluation of their economic status? Practitioners were asked: "How satisfied are you, generally, with the income you currently receive from your professional practice?" At one extreme (Table VI-51) a little over one-fifth of the chiropractors stated that they were

“very satisfied”, while at the other, somewhat over one-third of the chiropractor-naturopaths were “very satisfied”; the latter finding is interesting when it is recalled that the chiropractor-naturopaths had the lowest median net income for any of these groups. A somewhat smaller proportion of practitioners were “not very satisfied”, constituting slightly more or less than one-fifth of respondents. The largest group of practitioners, then, were “fairly satisfied” with their income

TABLE VI-48
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THEIR
ESTIMATED AVERAGE MONTHLY PROFESSIONAL NET INCOME

Estimated Net Monthly Income	Health Service				
	Chiro.	Naturo.	Osteo.	C-N.	Total
	%	%	%	%	%
Under \$ 100	2.7	5.6	5.4		3.0
\$ 100—\$ 199	4.0	9.7	2.7	5.6	4.3
\$ 200—\$ 299	9.0	8.3	5.4	11.1	8.8
\$ 300—\$ 399	11.4	9.7	10.8	11.1	11.2
\$ 400—\$ 499	10.7	9.7	9.5	19.4Mdn	10.8
\$ 500—\$ 599	9.2Mdn	8.3Mdn	4.1	5.6	8.7Mdn
\$ 600—\$ 699	9.0	2.8	10.8Mdn	11.1	8.8
\$ 700—\$ 799	7.3	12.5	9.5	2.8	7.6
\$ 800—\$ 899	6.7	2.8	6.8	2.8	6.3
\$ 900—\$ 999	4.1	1.4			3.5
\$1,000—\$1,099	3.4	4.2	6.8		3.6
\$1,100—\$1,199	3.2	2.8	1.4		2.9
\$1,200—\$1,299	2.5	1.4	6.8	8.3	2.9
\$1,300—\$1,399	1.7	1.4	2.7		1.7
\$1,400—\$1,499	1.6	1.4	4.1	2.8	1.8
\$1,500—\$1,999	2.8	2.8	1.4	2.8	2.7
\$2,000 and over	2.1	4.2	2.7	8.3	2.5
Not ascertainable	7.3	11.1	9.5	8.3	7.7
Negative amount — “A Loss” ..	1.3				1.0
Total percentage	100.0	100.1	100.4	100.0	99.8
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

TABLE VI-49
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
BY THE AMOUNT OF MONTHLY INCOME,
IF ANY, FROM SOURCES OTHER THAN PRACTICE

Average Monthly Income From Sources Other Than Professional Practice	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
No additional source of income reported ¹	69	60	57	67	68
Less than \$100	11	18	19	8	12
\$100 — \$199	7	8	11	14	8
\$200 — \$299	4	6	7	3	5
\$300 — \$399	4	3			3
\$400 or more	4	3	5	8	5
Amount not reported.....		3	1		*
Total percentage ²	99	101	100	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Including no response.

² Percentages do not total to 100 because of rounding.

*Frequency is less than .5 per cent.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

TABLE VI-50
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE MAIN SOURCES
OF REPORTED ADDITIONAL INCOME

Sources of Income Other Than Professional Practice	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Real estate — rentals and mortgages.....	15	15	19	17	17
Investments — stocks, bonds, etc.....	8	15	14	17	9
Pensions or annuities	2	3	8		2
Other specified sources.....	6	4	3		5
No additional source of income reported ¹	69	60	57	67	67
Income source not reported	*	3			1
Total percentage ²	100	100	101	101	101
Total practitioners.....	(878)	(72)	(74)	(36)	(1,060)

¹ Including no response.

² Percentages do not total to 100 because of rounding.

* Frequency is less than .5 per cent.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

TABLE VI-51
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THEIR REPORTED
LEVEL OF SATISFACTION WITH THEIR CURRENT PROFESSIONAL
INCOMES RECEIVED FROM PROFESSIONAL PRACTICE

Satisfaction With Income	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Very satisfied.	22	24	30	36	23
Fairly satisfied.	54	56	50	39	53
Not very satisfied.	23	19	20	22	23
No response.	2	1		3	1
Total percentage ¹	101	100	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX I

Historical and Legal Aspects of Chiropractic, Naturopathy and Osteopathy in Canada

A. A BRIEF HISTORY OF CHIROPRACTIC, NATUROPATHY AND OSTEOPATHY IN CANADA

The Origin and Definition of Chiropractic

Chiropractic had its origin in Davenport, Iowa, in 1895 when Daniel David Palmer (born in Port Perry, Ontario, in 1845) reported curing the deafness of a man through the manual adjustment of what was diagnosed as 'misaligned vertebra'.¹ Palmer was, in effect, testing his belief in the connection between spinal defect and human ill health. This idea has been traced back to the time of Hippocrates; the name 'chiropractic' itself is said to have been suggested by one of Palmer's first patients, and combines the Greek words for 'hand' (*cheir*) and 'doer' (*praktikos*).²

According to the brief³ submitted to the Royal Commission on Health Services by the Canadian Chiropractic Association, chiropractic is officially defined as: "the philosophy, science and art of locating, correcting and adjusting the interference with nerve transmission and expression in the spinal column and other articulations without the use of drugs or surgery".

Because about half of Canada's chiropractors have received their professional training in various chiropractic colleges in the United States, it is relevant to note something about the growth of this profession there. It is estimated that there were fewer than 100 chiropractors in the United States in 1906, and that this number has grown to over 25,000 today.⁴ This profession spread more rapidly as legislation permitting its practice came into existence in various of the states during the 1920's.

¹ Anderson, Dewey, *The Present Day Doctor of Chiropractic*, Public Affairs Institute, Washington D.C., 1956, p.3.

² Palmer, B.J., *The Chiropractic Adjuster: A Compilation of the Writings of D.D. Palmer*, as cited in W.L. Wardwell, *Social Strain and Social Adjustment in the Marginal Role of the Chiropractor*, unpublished doctoral dissertation, Harvard University, 1951.

³ Canadian Chiropractic Association, brief to The Royal Commission on Health Services, Toronto, May 1962, p. 6.

⁴ *Wall Street Journal*, August 31, 1961.

The first chiropractic school was founded by Daniel David Palmer in Davenport, Iowa, in 1897.⁵ Since that time over 500 chiropractic schools reportedly have operated at one time or another in North America.⁶ There are now in operation fourteen chiropractic colleges in the United States (and one in Canada) which are recognized by either one or the other of the two major international chiropractic professional associations, the National Chiropractic Association founded in 1910 and the International Chiropractors Association founded in 1926.⁷

Chiropractic in the United States has developed two major diagnostic and therapeutic philosophical traditions. One tradition has been supported by chiropractors who have followed wholly or in part the original Palmer diagnostic principle emphasizing palpation and the therapeutic principle of manual adjustment of misaligned vertebrae, with little or no use of "modalities",⁸ to promote the healing of many disorders. An important aspect of this therapeutic approach has been the development of what is sometimes referred to as the "specific upper cervical method" and the "basic technique" wherein spinal adjustment is often confined to a certain spinal region and employs certain "adjustive techniques". Such practitioners are usually graduates of the Palmer School of Chiropractic or one of seven other remaining colleges also recognized by the International Chiropractors Association (ICA).

The other philosophical tradition makes more extensive use of ancillary measures – mechanical, electrical, chemical and thermal, as well as of a dietary regimen to be used where appropriate, to compliment both palpation in diagnosis and manual adjustments in therapy. This more inclusive tradition has come to be associated for the most part with the numerically larger National Chiropractic Association (NCA), whose antecedents go back to before 1910, and those practitioners who have graduated from one of the eight colleges accredited by that professional association.

There have been a number of attempts over the years to bring these two groups together, and in 1961 joint committees on chiropractic education, insurance relations, and planning were appointed by the National Chiropractic Association and the International Chiropractors Association.⁹

There is only one national chiropractic association and one chiropractic college in Canada. Thus, the professional cleavage apparent in the United States between the more traditional and the more inclusive practitioners does not appear to have exerted such a profound influence in Canada. But because nearly one-quarter of Canadian practitioners today maintain memberships in either or both of

⁵ The Palmer College of Chiropractic remains a major chiropractic school today.

⁶ Geiger, A.J., "Chiropractic: Its Cause and Care", *Medical Economics*, April 1942.

⁷ Letter from the Dean, Canadian Memorial Chiropractic College, April 3, 1963.

⁸ For example, diathermy apparatus constitutes one such therapeutic modality.

⁹ National Chiropractic Association Journal, "ICA-NCA Executive Officers Meet", reprinted in *The Journal of the Canadian Chiropractic Association*, Vol. 5, December-January 1961-62, p. 8.

the two large United States-based international associations, the effort toward unification is of interest; and many prominent Canadian chiropractors are active and vocal in their attempts to achieve further professional unification.¹⁰

The General Development of Chiropractic in Canada

Until the past two decades, co-ordinated activities within the profession have been confined largely to the provincial and local levels. This very likely reflects the fact that legislation bearing on chiropractic, as on all the health professions, is a provincial matter. There had been discussion within the profession for a number of years of the various benefits to be realized from entering into nationwide organizational arrangements. But it was not to happen until provincial leaders from across the country came together that the Dominion Council of Canadian Chiropractors was formed in Ontario in 1943.¹¹ This organization was subsequently incorporated under Federal Charter in 1953 as the Canadian Chiropractic Association, the present-day Canadian national professional association. An early accomplishment of the Dominion Council of Canadian Chiropractors was the emergence of the Canadian Association of Chiropractors, an organization incorporated under the laws of the Province of Ontario in 1945 and dedicated to the creation of the Canadian Memorial Chiropractic College which began operation in the fall of that same year.

Since that time the national body of chiropractors has among other things initiated the *Journal of The Canadian Chiropractic Association* (begun in 1957), assisted in bringing legislation to provinces where no formal licensing had existed (as with New Brunswick in 1958), fostered the marshaling of financial support for the Canadian Memorial Chiropractic College, held its first formal nationwide convention at Winnipeg in 1961, and has made submissions to various agencies of the Federal Government for increased recognition. The Canadian Council of Chiropractic Roentgenology initiated in 1951 its nationwide programme of radiological education and research.¹²

The Development of Chiropractic in Ontario

Chiropractic had its beginning in Canada in the Province of Ontario. Because nearly one-half of Canadian chiropractors reside in Ontario which has been the scene of a number of significant events in the history of chiropractic, this province has remained the center of many significant Canadian chiropractic activities. According to the former Dean of the Canadian Memorial Chiropractic College,

¹⁰ Personal Interview, President of the Canadian Chiropractic Association, Vancouver, B.C., May 1962.

¹¹ Letter from the General Secretary and Legal Counsel, the Canadian Chiropractic Association, December 5, 1962.

¹² For a more detailed discussion of educational matters, see Chapter V, "Education", of this study; professional matters are discussed in Chapter II, "Chiropractic, Naturopathy and Osteopathy as Occupations."

"The first doctor of chiropractic came into Canada to settle in Ontario about 1902.¹³ In 1923 there were 551 persons who registered as chiropractors with the Provincial Secretary. In 1962 over 500 practitioners residing in Ontario were licensed to practise there.¹⁴

During the first quarter of this century chiropractic schools operated for a limited number of years in Ontario. After they ceased operation, it was not until the Canadian Memorial Chiropractic College was established in Toronto in 1945 that it was possible again to receive chiropractic training in Canada.¹⁵

In the legislative area, an official report on chiropractic and osteopathy was made to the Government of Ontario by Mr. Justice F.E. Hodgins in 1917. It was not favorable to the chiropractic profession and recommended its abolition; but this did not come about, and the "Drugless Practitioners Act" of 1925 established official recognition of chiropractic. (However, the earliest piece of Ontario legislation dealing explicitly with chiropractic was the "Medical Act" of 1923, but it was not found suitable by its sponsors and was repealed by the "Medical Act" of 1925). The "Drugless Practitioners Act" of 1925 was known as "limited licence to practise" legislation because the practitioner was limited as to therapeutic method, but not limited as to the patient complaints that might be treated. Later, in 1929, the Ontario Chiropractic Association was founded.¹⁶

The Ontario Workmen's Compensation Board began reimbursement to chiropractors for treatment of industrial accident cases in 1937. In 1944 the Regulations under the "Drugless Practitioners Act" of 1925 were revised so as to permit diagnosis by all diagnostic methods. The Amendment of 1952 to the "Drugless Practitioners Act" of 1925 established under the Provincial Department of Health a separate Board of Directors of Chiropractic which administers that part of the Act that concerns the chiropractic profession and provides the profession increased autonomy in the management of its own affairs.

The Development of Chiropractic in Eastern Canada

The fact that legislation has never existed in the Province of Quebec under which chiropractors may obtain licences to practise has profoundly influenced the history of chiropractic in that province. The history of the profession in Quebec, even more so than in the other provinces, has been and continues to be a struggle for legislative recognition in the face of strong opposition and strained relations with other licensed health professions. Efforts on the part of chiropractors for licensure legislation has proceeded for more than 30 years.¹⁷

¹³ Homewood, A.E., "Chiropractic", *University of Toronto Medical Journal*, 1961, pp. 165-173.

¹⁴ *The Canadian Chiropractic Association, Ontario Division. A brief to The Royal Commission on Health Services*, Toronto, May 1962, para. 11.

¹⁵ Homewood, A.E., *op. cit.*,

¹⁶ The Canadian Chiropractic Association, Ontario Division, brief, *op. cit.*, para. 65.

¹⁷ Homewood, A.E., *op. cit.*

The first chiropractors in Quebec were probably the few practising in Montreal in the early 1920's. The first Quebec chiropractic association appears to have been an organization of six members formed in 1928 and called the Quebec Chiropractors Association. This organization was incorporated in 1933 at a time when it had about 15 members.¹⁸

Attempts to have chiropractic legislation approved were started as early as 1927. Although at least one official provincial study of the field was undertaken by the government during 1947 and 1948, the report was not favourable to the chiropractors, and subsequent licensing legislation has failed to gain legislative approval.

The number of chiropractors in Quebec grew slowly until 1945 when it was estimated that there were about 35 members in the Association. Since that time the number of chiropractors has grown much more rapidly to an estimated 300 in Quebec today.¹⁹ This growth in number of practitioners has been the case in most of Canada, spurred in part by the fact that the Canadian Memorial Chiropractic College in Toronto opened about that time.

In 1954 another professional association, the Quebec College of Chiropractors was formed, which included only those chiropractors who had taken at least a four-year chiropractic college course. Evidently the hope has been that this group would be more successful in getting licensing legislation passed because of these educational standards set for membership. A third group of practitioners which had split off from the Quebec Chiropractors' Association around 1948 has within the past few years been amalgamated into what is now called the College of Chiropractors of the Province of Quebec along with the earlier Quebec Chiropractors' Association whose educational standards for membership had subsequently been raised.²⁰ The present-day College of Chiropractors of the Province of Quebec claims a membership of about 200 practitioners, and constitutes the only provincial association chartered in Quebec.

Neither the Provinces of Prince Edward Island nor Newfoundland has any licensing legislation for chiropractors, perhaps because the numbers of practitioners in those provinces have always been extremely small. New Brunswick and Nova Scotia have had somewhat larger numbers of chiropractic practitioners but only New Brunswick has any chiropractic legislation.

The first chiropractor came to New Brunswick in 1913.²¹ The first bill for licensure was presented in 1935, but was not passed. In the 1940's the number of practitioners had grown to about six and now the New Brunswick Chiropractor's

¹⁸ Personal interview, official in the College of Chiropractors of the Province of Quebec, May 1962,

¹⁹ The Canadian Chiropractic Association, *Canadian Chiropractic Journal*, Vol. 5, No. 1, Winter 1960-61, p. 53.

²⁰ *Ibid.*, p. 52.

²¹ The Canadian Chiropractic Association, *Maritime Division*, a brief to The Royal Commission on Health Services, Toronto, May 1962, para. 4.

Association has a reported 15 members. The New Brunswick Chiropractic Association dates from the year 1950. The New Brunswick Chiropractic Act was passed in 1958 and since that time the provincial Workmen's Compensation Board has honored chiropractic claims.²²

Chiropractic also had its beginning in Nova Scotia in 1913, and during the next 35 years grew to include five practitioners. The Nova Scotia Chiropractors' Association was incorporated in 1955 and now boasts a membership of 20. Attempts to have a chiropractic bill passed by the legislature in 1953, 1957, 1958 and 1960 have all been unsuccessful.²³

The Development of Chiropractic in Western Canada

About one-third of Canada's chiropractors reside in the four Western Provinces. Each of these four provinces has a specific "Chiropractic Act" which, as may be seen in a later discussion on legislation,²⁴ has influenced similar historical developments.

It is reported that the first British Columbia chiropractor arrived in 1910 and that others followed shortly thereafter. By 1925 the number had reached an estimated 25 to 30. The earliest attempt to secure a legislative chiropractic act took place around 1916 but was unsuccessful. In 1922 a Committee of the Legislature of British Columbia studied the question but this again did not result in any legislation.²⁵

The dissemination of professional information was enhanced when in 1933 the first issue of *The British Columbia Chiropractor* appeared under the sponsorship of the British Columbia Chiropractors' Association which was founded in 1920.²⁶

After the presentation of the Murphy Provincial Royal Commission (1931-32) a British Columbia Chiropractic Act was passed in 1934. Supporting these efforts was the Laymen's Chiropractic League with about 4,000 members which had been organized in 1932.²⁷ In 1934, there were 65 chiropractors in the province affiliated with the provincial association which was formed under the provisions of the Act. At present there are about 150 members in the British Columbia association.

Since 1950 British Columbia chiropractors have had the right to treat Workmen's Compensation cases, and to be reimbursed for these services by the Workmen's Compensation Board without the necessity of a referral or the permission by a member of the medical profession.

²² *Ibid.*, para. 16.

²³ *Ibid.*, para. 26.

²⁴ See Appendix I, B, "Legislation ..."

²⁵ *The Canadian Chiropractic Association, British Columbia Division, A brief to The Royal Commission on Health Services*, Toronto, May 1962, para. 3.

²⁶ *The British Columbia Chiropractor*, Vol. 1, No. 1, 1933, p. 5.

²⁷ *Ibid.*, p. 8.

As early as 1914 there were chiropractors in Alberta, and in 1923 the Province of Alberta passed the first Chiropractic Act in Canada, an Act which has since been amended a number of times. The first professional association dates from the year 1917 and the Alberta Chiropractic Association was incorporated in 1925.²⁸ There were approximately 14 members of the original association in 1919. As in the rest of Canada the number of practitioners remained relatively small until the end of World War II, but the number rose rapidly thereafter. In 1943 there were only 33 in the province; now there are about 120. In 1936 a Chiropractic Board was established along with a system of examinations for licensure. Since 1938 the services of these practitioners have been recognized by the provincial Workmen's Compensation Board as a legal alternative to medical treatment for occupational injuries. There is also now old-age assistance and welfare case coverage for chiropractic care if the patient so desires.

The first chiropractor in Saskatchewan was probably one who practised in Saskatoon as early as 1911 or 1912. A considerable number of others are reported to have followed within the next five years so that, according to one informant, there were about 70 or 80 in the province by 1917; there are about half that number now.

Commencing in 1915 an effort was made by the Saskatchewan chiropractors to have licensing legislation for their profession passed and about that time a Provincial Government Committee was set up to look into all forms of drugless therapy. As a consequence, in 1917 a "Drugless Practitioners Act" was passed which applied to chiropractors as well as certain other healing arts, and another such act followed 12 years later. It appears that in 1943 a group of unlicensed practitioners formed an association for the purpose of having an act passed specifically for chiropractic, and they invited the licensed practitioners to join in the effort. The Chiropractic Act was passed in that same year.

The 36 reported licensed chiropractors in Saskatchewan are entitled to payments for services provided under the Provincial Workmen's Compensation Board. Saskatchewan chiropractors are not, however, paid by the Government for treatment of social welfare cases or old age pensioners (in contrast to Alberta and Manitoba where chiropractors are paid by their governments for such services), nor are they included under the "Medicare" plan which went into effect in Saskatchewan in July 1962.

Again, in Manitoba, there were a number of chiropractors who set up practices early in this century. The Manitoba Chiropractic Act was passed in 1945, after considerable opposition of some of the other licensed healing arts. Since 1950, Manitoba chiropractors have been able to collect payment from the Provincial Workmen's Compensation Board for treatment of injured workmen. As of this year there are over 40 chiropractors reported to be licensed and practising in Manitoba.

²⁸ Letter from the Past President, Alberta Chiropractic Association, December 10, 1962.

The Origin and Definition of Naturopathy

According to a number of naturopathic practitioners the practice of naturopathy has a long history dating back at least to the time of the ancient Egyptian civilization where there were health practices such as body massage and manipulation involving bones, muscles, and tissues, as well as rules of diet and hygiene. Moreover, the Roman use of a form of "hydrotherapy", and the medieval "nature cures" and other illustrations through the centuries up to the present have been cited as evidence of an extensive background of what is presently called "naturopathic medicine".

The more tangible antecedents of naturopathy seem to lie in Europe, especially Austria and Germany of the eighteenth and nineteenth centuries. During this era a number of persons, some of them trained in medicine, explored the use of various "natural" agents in therapy – e.g., water therapy, heat therapy, botanicals – to assist the human organism to recover its "natural" or normal balance. Around the beginning of the twentieth century this theory of healing came to the United States; there were a number of North Americans associated with the development of naturopathy, but it was Benedict Lust, N.D., of New York, – referred to by some as "the father of modern naturopathy" – who founded the first school of naturopathy in North America and was president of the American Naturopathic Association for many years.

A relatively simple and completely consistent definition of naturopathy (or naturopathic medicine) is difficult to find either in the literature or in the legal definitions of naturopathy. For example, the "Alberta Naturopathy Act"²⁹ provides a substantive definition: "'Naturopathy' means a system of therapy that treats human injuries, ailments or diseases by methods of nature, including any agency of nature, and employs as auxiliaries for such purpose the use of electrotherapy, hydrotherapy, body manipulation and dietetics". In the formulation of the Canadian Naturopathic Association the fields of naturopathic practice are:

1. *Corrective Nutrition*: dietetics, food supplements, botanicals, vitamins, minerals and other natural preparations.
2. *Body Mechanics*: anatomical manipulations, remedial exercises and prosthetics.
3. *Physiotherapy*: natural physical agents including electricity, ultra-sound, water, light and heat.
4. *Remedial Psychology*: psychosomatics and suggestive therapeutics.³⁰

In contrast to this Saskatchewan defines naturopathy in its legislative act operationally and less explicitly: naturopathy "... means the art of healing by natural methods as taught in recognized schools of naturopathy".³¹

²⁹ *An Act to Amend The Naturopathy Act*, 1955, Ch. 50, Sec. 2.

³⁰ *Canadian Naturopathic Association*, brief to The Royal Commission on Health Services, Victoria, February 1962, pp. 16-17.

³¹ *The Naturopathy Act of 1954*, Ch. 75, Sec. 2.

The General Development of Naturopathy in Canada

It is difficult to achieve consensus as to the year that the first naturopaths began practising in Canada, but it appears that there were a few here before the First World War and that the number was still small in the early 1930's. According to the Canadian Naturopathic Association, the national professional organization, the number of practitioners in this field in Canada is now estimated to be "some five hundred".³²

Although various provincial naturopathic acts had been passed earlier, and provincial naturopathic associations had been formed, a national association did not officially exist until the Canadian Association of Naturopathic Physicians was founded in 1950 largely by Alberta and British Columbia practitioners; but efforts at national association began at least as early as 1949.³³ In 1954 the Income Tax Department of the Federal Government allowed patient deductions for naturopathic care where there was a naturopathic act in effect in a province. The current national association, incorporated by Federal Charter in 1955, is called the Canadian Naturopathic Association. There were 37 charter members at the time the Federal Charter was obtained.

The first national convention of the Canadian Naturopathic Association was held in 1956, and three-fourths of that organization's membership came from western Canada. As noted below, practitioners from the Province of British Columbia and Alberta have played a particularly active role in the efforts to achieve standard legislation, national organization, and the like. Most of the officers in the national association have come from these two provinces.³⁴

The Development of Naturopathy in Ontario

Though naturopaths have been reported in Ontario in 1915 or 1916, there was no legislation applying to their services until the following decade. And the particular form the legislation took did not receive its impetus from the naturopathic profession. The Ontario "Drugless Practitioners Act" of 1925 is the legislation

³² *Canadian Naturopathic Association*, brief, *op. cit.*, p. 3. When faced with the actual problem of assembling a complete file of the names and addresses of these practitioners, with the full co-operation of the Canadian Naturopathic Association, it was possible to collect such information on just under 250 practitioners. About two-thirds of this number were also included on the mailing lists of "chiropractors" provided by the Canadian Chiropractic Association. In questionnaires returned to The Royal Commission on Health Services some of these two-thirds (in the "overlap" group) affirmed that they considered their profession to be "naturopathy", but others chose to refer to themselves as "Chiropractors", and a minority felt that the designation "Chiropractor-Naturopath" or "Naturopath-Chiropractor" best described their practice. (In the presentation of the questionnaire survey data in the body of this study, this 'mixed' cohort has been considered to be a distinct professional group and is treated separately.) It is difficult to obtain accurate information as to the number of naturopaths in Canada, first because the Province of Quebec and the Maritime Provinces have no licensing legislation as yet which would require that accurate registration records be kept. Also some practitioners who can meet the membership qualifications maintain membership in both the Canadian Naturopathic Association and the Canadian Chiropractic Association.

³³ *Executive Report to the Canadian Naturopathic Association*, 1955.

³⁴ This matter is discussed in more detail in Chapter II ("The Profession") of this study.

which has provided licensure for naturopaths in the province from that time to the present. This Act does not actually specify 'naturopathy' as a special professional category, but permits registration of such practitioners under the heading of 'drugless therapists'. Perhaps this is related to the fact that the chiropractic and naturopathic professions are so often intermixed in Ontario, with a number of practitioners being licensed both as drugless therapists and chiropractors.

Naturopathic practitioners have not been satisfied with legal arrangement under the "Drugless Practitioners Act", nor are the chiropractors and osteopaths who are covered by the same basic legislation though they have separate Boards. Since 1925 efforts have been made to obtain a special naturopathic Act. The Ontario Naturopathic Association, which was in existence for some time prior to its being chartered in 1949³⁵ has been the source of much of this effort.

According to the Canadian Naturopathic Association in 1955 among the registrants under the Ontario Board of Directors of Drugless Therapy there were some 154 "qualified Naturopaths (N.D. degrees)",³⁶ but there is no indication given as to the proportion of these registrants in practice. In 1962, there were about 80 members of the Ontario Naturopathic Association.

The Development of Naturopathy in Eastern Canada

No province east of Ontario has enacted any legislation which licenses or regulates the practice of naturopathy. Accordingly, accurate information about its development in these provinces is exceedingly difficult to obtain. The 1955 *Canadian Naturopathic Association Brief to the Department of National Health and Welfare* states, in regard to the Province of Quebec, that "There are approximately 200 naturopaths who graduated from accredited Naturopathic Colleges with an N.D. degree, practising under various other regulations or local provisions."³⁷ In contrast, in 1962 there were reported to be 10 to 12 practitioners who were exclusively naturopaths.³⁸

In regard to the other four eastern provinces, the above-quoted brief states that in 1955 there were approximately 45 graduate Naturopaths in all these provinces,³⁹ New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland.

The Development of Naturopathy in Western Canada

The four western Canadian provinces have all come to regulate and license the practice of naturopathy through special legislative acts. For this reason its development in these provinces can be traced with some greater degree of accuracy.

³⁵ Victor Tomlin, *Submission to the Minister of Health, Province of Ontario*, 1959.

³⁶ *Canadian Naturopathic Association*, brief submitted to the Department of National Health and Welfare, 1955, Exhibit "A", p. 6.

³⁷ *Ibid.*

³⁸ Personal interviews of naturopaths in Montreal, Quebec, 1962.

³⁹ *Canadian Naturopathic Association*, *op. cit.*, Exhibit "A", p. 7.

The first naturopaths in British Columbia were in practice at least as early as 1919, and perhaps somewhat earlier. The first provincial professional association called the "Drugless Physicians" began in 1920 and met annually. A branch of this organization, the Association of Vancouver Island Drugless Physicians, was in operation at least as early as 1929, but the British Columbia Naturopathic Association officially dates from the year 1936.

Efforts to secure licensing legislation for naturopathy are reported as early as 1922 when a bill is said to have been defeated in the legislature by just one vote. The "Naturopathic Physicians Act" was passed in 1936 and subsequently amended in 1958. Prior to that time the only legislation which had any relevance to naturopathy was "The Medical Act" of 1921.

The Naturopathic Association in British Columbia is reported by some to be the most active and influential in the country and it is probably not insignificant that the offices of the national association, the Canadian Naturopathic Association, have often been located in this province.

According to a Canadian Naturopathic Association brief there were, in 1955, "...50 licensed Naturopathic Physicians in British Columbia".⁴⁰ There were about 40 members of the provincial professional association in 1962.

The Naturopathic Association of Alberta was incorporated in 1944 under the "Societies Act" of Alberta. This group was included in the provisions of the "Drugless Practitioners Act" of 1948, which had been sponsored by the professional association. In 1950 "An Act to Regulate the Practice of Drugless Therapy and to Incorporate the Naturopathic Association of Alberta" was established. A special Alberta "Naturopathy Act" was passed in 1952, and the Alberta Association of Naturopathic Practitioners was incorporated under the provisions of this Act.

In regard to the growth of naturopathy in Alberta, there were five practitioners in the province from 1935 to 1942. By 1947 the Naturopathic Association of Alberta reported a membership of 53 persons, and by 1949 there were 72 members. There are now 18 naturopaths registered in Alberta and, of course, given the provisions of the Act all are members of the Alberta Association of Naturopathic Practitioners. A total of 89 have been registered by this Association and its predecessor between 1935 and the present.⁴¹ The 1955 naturopathic brief reports a total of 50 practitioners in Alberta at that time.⁴²

The Workmen's Compensation Board in Alberta recognizes naturopathic services under the same schedule of fees per treatment or office visit as the other healing arts in Alberta and provides for payment of laboratory and X-ray services by naturopaths.

⁴⁰ *Canadian Naturopathic Association, A Brief Respecting National Health Services, op. cit., p. 5.*

⁴¹ Program of the Second Annual Convention of the Naturopathic Association of Alberta (1949) and a letter from the Secretary-Treasurer of the Alberta Association of Naturopathic Practitioners (1962).

⁴² *Canadian Naturopathic Association, brief to the Department of National Health and Welfare, op. cit., Exhibit "A", p. 5.*

Saskatchewan in 1954 was the last of the western provinces to pass a specific naturopathic act. Prior to this time there was a more general "Drugless Practitioners Act" of 1930, but it made explicit mention only of osteopathy and chiropractic as classifications. Some naturopaths then in practice are said to have obtained licensure under one of these two headings.

The "Naturopathy Act" of 1954 incorporated the Saskatchewan Association of Naturopathic Practitioners, the professional body which has existed to the present time.

A report entitled "The Canadian Naturopathic Association Regional Representative Survey Report"⁴³ written in 1955 implies that at the time that the Naturopathic Act was passed there were three members in the provincial association, which is the current membership total.

Saskatchewan naturopathic practitioners are eligible to receive payment from the provincial Workmen's Compensation Board for services rendered to persons with coverage under this 'insurance' plan. In 1960 the Saskatchewan Association of Naturopathic Physicians submitted a memorandum to the Saskatchewan Legislature urging that naturopathic physicians be included in the Saskatchewan medical scheme. They are not, at this time, so included.

The first naturopathic physician was reported in Manitoba in 1921. In 1932 or 1933 a Manitoba Drugless Association was formed with about 20 to 30 members, including both naturopaths and a few chiropractors.⁴⁴ This was a group interested in getting a naturopathic act passed by the legislature.

In 1945 separate acts were passed to license and regulate the Province of Manitoba's chiropractic and osteopathic practitioners. The remaining members of the Manitoba Drugless Association reformed into the Manitoba Naturopathic Association and, in 1946, were successful in obtaining a legislative act (The Naturopathic Act) for their profession. At that time this new Association is reported to have had about 25 members. At present, there are 15 members in the Manitoba Naturopathic Association.

The Origin and Definition of Osteopathy

The founder of osteopathic medicine was Andrew Taylor Still who was born in the United States in 1828. The medical training Still underwent involved study at the College of Physicians and Surgeons in Kansas City, as well as tutelage by practising doctors — a training method common in the middle of the 19th century.

⁴³ Grube, L.K., *The Canadian Naturopathic Association Regional Representative Survey Report: For the Province of Saskatchewan*, Estevan, Saskatchewan, 1955, p. 5.

⁴⁴ Letter from the President of the Manitoba Naturopathic Association, 1962.

After the American Civil War, Dr. Still came to feel that medicine as it was then practised had its shortcomings:⁴⁵

Beginning with basic principles he came to the conclusion that the human body is self-healing, that its adequate functioning depends upon its unimpaired structure, and that an uninterrupted nerve and blood supply to tissues is indispensable to the normal functioning of all parts of the body.

... he worked out a system of manipulation intended to realign functional deviations and abnormalities. Such was the beginning of the 'osteopathic manipulative treatment' which, added to all other proved therapies has distinguished the osteopathic school of medicine. There is no evidence that Dr. Still identified the distinctive therapy he developed as representing all there was to medical knowledge. Osteopathic manipulation was never synonymous with osteopathy.⁴⁶

Complying with an Act of the Legislature, in 1874 Still registered in Missouri on the roll of physicians and surgeons.

... In his practice he proceeded to correlate manipulative therapy with the other therapies which were available to a doctor, such as drugs and operative surgery. In many instances he found that the use of manipulative therapy made drugs and operative surgery unnecessary. He recognized, however, no qualified physician and surgeon could care for all diseases and ailments if he relied solely on one therapy.⁴⁷

Dr. Still found the medical profession of the 1890's both unsympathetic to his theory of health and unconvinced of the value of musculo-skeletal manipulation. As a consequence he determined to provide training for others in keeping with his formulations and experiences. The first osteopathic college, The American School of Osteopathy, was opened by Dr. Still in 1892 in Kirksville, Missouri.⁴⁸ At the outset there was a two-year course curriculum, and 16 men and three women graduated in its first class in 1894.⁴⁹ At the American School of Osteopathy a curriculum of three years of nine months each had been introduced by 1904 and by 1916 it was four years of nine months each. In these early years there was also growing concern about educational and professional standards, as there

⁴⁵ De Jardine, A.V., "The Osteopathic School of Medicine", *University of Toronto Medical Journal*, Vol. 38, No. 4, February 1961, p. 156.

⁴⁶ Mills, L.W., *The Osteopathic Profession and its Colleges*. Office of Education, American Osteopathic Association, Chicago, 1961, p. 3.

⁴⁷ *Ibid.*, p. 4.

⁴⁸ Pollock, W., "The Present Relationship of Osteopathy and Scientific Medicine," *World Medical Journal*, Vol. 9, No. 5, September 1962, p. 337.

⁴⁹ Mills, *op. cit.*, p. 5.

were 12 schools of osteopathy in existence by 1900, and this led to the formation of the American Osteopathic Association in 1901.⁵⁰

Osteopathy then grew very rapidly in patients, practitioners and schools, but opposition from some practitioners in other health professions grew as well. In some instances early graduates of the osteopathic schools were accused of practising medicine, and to protect themselves, osteopaths sometimes took the position that their healing practices involved neither surgery nor the usual medical arts procedures. Thus precedents, established well over a half century ago, have had profound implications through the years for the practice of osteopathy, particularly in Canada.

Beginning in the first decade and culminating at the end of the third decade of this century, the osteopaths are reported to have realized that there was a need to utilize all scientifically based medical and surgical techniques, where appropriate, in addition to manipulative techniques. But through the years osteopathy encountered opposition in gaining the right to practise in this fashion. This broader type of practice which is described as being commensurate with the scope of osteopathic training, and which has been provided for more than two decades now, has been achieved by the profession largely through legislative means. Such scope of practice now applies to about 75 per cent of the major political jurisdictions and 97 per cent of the osteopathic physicians in the United States.⁵¹

Today there are about 13,500 osteopaths practising in various countries, largely in the United States.⁵² Fewer than one per cent of this number are in Canada. Although Canada has never had a school of osteopathy, five osteopathic colleges now function in the United States, all fully accredited and operated by the profession, with a reported total capacity of about 1,500 students. There are now over 350 osteopathic hospitals and a number of clinics in the United States; no hospitals and one clinic in Canada.

⁵⁰ U.S. Department of Health, Education, and Welfare, Public Health Service, *Physicians for a Growing America*, Washington: U.S. Government Printing Office, 1959, p. 26, and R.G. Hulbert, *A Brief History of Osteopathy*, American Osteopathic Association, 1946, p. 16. There was an uncontrolled development of healing arts schools at the end of the last and the beginning of this century, some of which were reported not to be of professional calibre. "Fifty years ago most medical schools in the United States were characterized by minimal entrance requirements, limited course offerings; makeshift clinical laboratory facilities, and generally low standards of teaching and performance. Few of the more than 150 schools had any claim to being educational institutions." (U.S. Department of Health, Education, and Welfare, *op. cit.*, p. 26.) This caused a reaction among trained practitioners in several healing arts: in the instance of osteopathy, the American Osteopathic Association was formed. In the years 1902-03 this organization established minimum standards on length of course instruction. For all schools recognized by the American Osteopathic Association the courses to be offered in the curriculum included among others: anatomy, biology, embryology, histology, chemistry, pathology, physiology, neurology, and surgery by 1904.

⁵¹ *Ontario Osteopathic Association*, brief to The Royal Commission on Health Services, Toronto, May 1962, p. 3.

⁵² Eredeth, T.B., U.S. Department of Health, Education, and Welfare in *American Universities and Colleges*, Washington: U.S. Government Printing Office, 1961, pp. 132-33.

Osteopathy today is conceived by its practitioners as being a considerable refinement of the ideas of Dr. Still. This present day conception is reflected in a formal statement⁵³ of the Ontario Osteopathic Association which notes:

Osteopathic physicians are fully qualified by education and training to render a complete service in improving public health. In addition to general medical therapeutics they are also trained in physical medicine, and manipulative procedures. Prevention of ill health is a cardinal aspect of osteopathic medicine, and is accomplished by normalization of the musculo-skeletal system and other systems of the body.

While osteopathic physicians stress the value of manipulative procedures in the care of the patients, they also use all approved medical methods.

In a similar vein, the Canadian Osteopathic Association has stated that:

... osteopathic physicians are fully qualified to diagnose and treat all types of human ailments or emergencies whether it be in the home, the hospital or at the office.

They are trained to do surgery and obstetrics; they use all proven methods of diagnosis and treatment, and in addition, they use palpatory methods of diagnosis and manipulative therapy...⁵⁴

According to a committee of the American Medical Association (see Chapter II), modern osteopathic education teaches the acceptance and recognition of all etiological factors and all pathological manifestations of disease as well as the utilization of all diagnostic and therapeutic procedures taught in schools of medicine.⁵⁵

The General Development of Osteopathy in Canada

From a number of sources it is evident that the first osteopathic practitioners had arrived in Canada before the beginning of this century. Others arrived shortly thereafter, as will be noted in the discussions of provincial developments which follow. Within a decade osteopaths had settled in a number of cities in most of the nation's provinces. Apparently there were about 200 osteopaths in Canada toward the end of the 1930's; since that time their numbers have gradually declined, perhaps because of the discrepancy between scope of practice allowable in the United States and Canada. There were 124 "Doctors of Osteopathy practising in Canada in 1954..."⁵⁶ In 1962 there were 105 osteopaths in this country, and of this number nearly nine-tenths were in full-or part-time practice.⁵⁷

⁵³ Ontario Osteopathic Association, brief, *op. cit.*, p. 2.

⁵⁴ Canadian Osteopathic Association, brief to The Royal Commission on Health Services, Toronto, May 1962, p. 3.

⁵⁵ Committee for the Study of Relations between Osteopathy and Medicine, *Journal of the American Medical Association*, Vol. 158, No. 9, July 2, 1955, p. 740.

⁵⁶ Linnen, R.A., "Osteopathy", *The Encyclopedia Canadiana*, Ottawa: Grolier Society of Canada Ltd., 1962, Vol. 8, pp. 70-71.

⁵⁷ See Chapter III of this study.

Ontario, with the largest population, has always contained the largest number of osteopaths. Here the concentration of the osteopathic profession has developed disproportionately: at the present time seven-tenths of Canada's osteopathic practitioners are resident in that province which contains about four-tenths of the nation's population.⁵⁸

Although the Canadian Osteopathic Association was first given Federal Government recognition in 1925,⁵⁹ more than two decades earlier in Ontario an association developed to deal with legislative problems which arose in that province. After the formation of the national association there were some years of inactivity because of financial problems,⁶⁰ but since 1942 the Canadian Osteopathic Association has been operating actively.⁶¹

The Canadian Osteopathic Association is the only national professional osteopathic group in the country. There are, however, provincial associations in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec and the Maritimes. The memberships of some of these provincial groups are necessarily small, e.g., in Saskatchewan where there are but two osteopathic physicians in the province. All of these provincial associations are affiliated with the American Osteopathic Association, and constitute divisions of that 11,000 member organization.

An important activity of the Canadian Osteopathic Association is the Canadian Osteopathic Educational Trust Fund, a charitable fund established by the Association in 1946. Its major aims include the undertaking of research, the provision of undergraduate and post-graduate scholarships for Canadian students and practitioners in recognized osteopathic colleges, combined with work toward the establishment of a Canadian osteopathic college.⁶² In addition, the Canadian Osteopathic Association has published since 1961 a quarterly 24-page newsletter to the profession, *The Canadian D.O.* Another formally constituted group, the Canadian Osteopathic Aid Society, an association of laymen exclusively, operating under Federal charter since 1960, undertakes to make osteopathic services more readily available to the Canadian public. To this end, the first step involved a foundation-subsidized⁶³ clinic in Montreal.

⁵⁸ Linnen, *op. cit.*

⁵⁹ This was under the provisions of "The Companies Act".

⁶⁰ Canadian members of the osteopathic profession have, however, maintained close ties with the profession in the United States, particularly through membership in the American Osteopathic Association. These ties are likely reflected in the statistic that less than half of Canadian osteopaths retain membership in the Canadian Osteopathic Association. (See Chapter VI).

⁶¹ Letter from Secretary-Treasurer, Canadian Osteopathic Association, February 1962.

⁶² A board of governors for the proposed osteopathic professional school has been appointed since 1961 and is engaged in planning.

⁶³ The Zeller Family Foundation.

The Development of Osteopathy in Ontario

The first osteopathic practitioners in Ontario arrived in 1900. In 1901 the Ontario Osteopathic Association was formed with about eight members. There were about 40 osteopaths in Ontario in 1915, just two years before the Hodgins Report recommended the future exclusion of all osteopaths, *per se*, from the province.⁶⁴ In 1923 there were 157 persons who listed themselves as "osteopaths" with the Provincial Secretary but what proportion of these were fully trained in recognized schools of osteopathy is not known. By 1925 the Association reports that there were just over 100 osteopathic practitioners in the province. The greatest number of licensed osteopaths in Ontario at any one time was about 135 toward the end of the 1930's, approximately twice the number now in the province. A total of perhaps 400 osteopaths are reported to have practised, some very briefly, in Ontario at one time or another.

The Ontario Osteopathic Association very early concerned itself with formulating appropriate legislation to govern professional standards and professional conduct. However, the Association has not been able to secure the passage of legislation devoted exclusively to osteopathy. In 1923 the "Medical Act" was altered to provide for the registration of osteopaths but the law proved unsatisfactory and was repealed in 1925. Although the "Drugless Practitioners Act" of 1925, which applied to several healing arts, was not proposed by osteopathy, it was viewed by some osteopaths of the day as an interim measure that was better than no legislation at all.⁶⁵ In 1950, however, osteopathy was removed from the jurisdiction of the Board of Regents of Drugless Practitioners and was placed under a new Board of Directors of Osteopathy and the Lieutenant Governor in Council. Because the Board of Directors is composed exclusively of osteopathic physicians, this jurisdiction granted them more autonomy in the governing of their own professional affairs.

The Development of Osteopathy in Eastern Canada

The number of osteopathic practitioners in eastern Canada has always been rather small, but the presence of osteopaths in various eastern Canadian communities can be traced back to the earliest days of osteopathy in this nation.

⁶⁴ The suggestions for legislation made by the Honourable Frank E. Hodgins, Justice of the Ontario Court of Appeal, had no direct and immediate results; but the indirect and long-run consequences have doubtless been crucial.

⁶⁵ Ontario's osteopaths have reiterated their belief that it was a breach of faith on the part of "the medical profession" which is responsible for the fact that there is, to this day, no separate act for osteopathy in Ontario. It is stated that to end the controversy regarding the pending "Drugless Practitioners Act" of 1925 the osteopaths entered into a "gentlemen's agreement" with "the medical profession" to the effect that the latter group would help to get an osteopathic act passed if the osteopaths would agree temporarily to the proposed "Drugless Practitioners Act" legislation. The medical profession, they claim, failed to live up to its part of this verbal agreement subsequent to the 1925 enactment.

There is fair amount of documentary material on history of osteopathy in Quebec.⁶⁶ The first osteopathic practitioner in Quebec arrived at "... the turn of the century".⁶⁷ In 1911 there were at least five practitioners in Quebec. Within two years the first efforts were made at forming a provincial professional association finally established by 1918, to deal with legislative problems of the time. Over the years a number of bills to license and regulate osteopathy or to amend the provincial "Medical Practice Act" to provide for osteopathy were proposed and some brought before the legislature — for example, in 1913, 1918, 1919, 1922, 1927. The bill of 1919 was supported by a petition bearing 2,500 signatures. Although amendments to the "Medical Practice Act" in 1922 and 1927 involved changes which some osteopaths regarded as improving their practice situation, full-scale legislative recognition has never been granted osteopathy in Quebec.

In 1927 a new association of osteopaths, called the Quebec Association of Osteopathic Physicians and Surgeons, was formed which had eight to ten members. This group received the official recognition of the American Osteopathic Association in 1928. While 37 "osteopaths" were listed in the 1929 Montreal telephone directory, it is said that less than half these practitioners were considered qualified.⁶⁸

The organization recognized by the American Osteopathic Association was officially named the Province of Quebec Osteopathic Association, a title which has been retained to the present day. In 1928 the College of Physicians and Surgeons charged several members of this Association with practising medicine, charges which were subsequently dropped. A similar course of action was initiated again in 1935, when there were 13 osteopathic physicians listed with the College of Physicians and Surgeons. As before, these legal actions were not pursued because of an arrangement between the two contending groups. This understanding provided for withdrawal of licensure legislation which had been sponsored by the osteopaths and had received two readings in the House, in addition to an understanding that no new osteopathic entrants would be tolerated in the province. All of this was in exchange for retraction of the legal charges which had been placed against the osteopaths. Thereafter anyone wishing to practise osteopathy in Quebec would need to have an M.D. degree. It is perhaps understandable that there are now but seven osteopaths in the province.

A recent development in Quebec of professional significance to osteopathic physicians is a clinic which has been established in Montreal devoted to the aid of people incapacitated by neuro-muscular conditions. The clinic is staffed by osteopathic specialists and the programme is sponsored by the Quebec division of the Canadian Osteopathic Aid Society, an organization of laymen.

⁶⁶ These come from several sources, but notably from the files of the Office of the Secretary of the Canadian Osteopathic Association in 1962.

⁶⁷ *Province of Quebec Osteopathic Association*, brief to the Royal Commission on Health Services, Montreal, April 1962, para. 7.

⁶⁸ All members of the Province of Quebec Osteopathic Association are licensed to practise osteopathy in Ontario or in the United States, as such licensing is a condition of membership.

The first osteopathic practitioner settled in New Brunswick around 1903 and in Nova Scotia, at the latest, by the early 1920's. No records appear to exist concerning osteopathy in Prince Edward Island and Newfoundland, although one historian of the profession suggests that osteopaths have come and gone from Charlottetown over the years.

Explicit mention is made of osteopathy in the "Nova Scotia Medical Act" of 1923. This legislation indicated that subsequent to 1923 only practitioners who had undergone five years medical training and who also had passed "specialties" examinations in osteopathy would be allowed to practise in Nova Scotia.⁶⁹ It seems evident, however, that there has been no need to apply these provisions as there have been no practitioners since 1923 without such training.

The osteopathic profession of New Brunswick attempted in 1920 to obtain separate osteopathic legislation. This having failed, osteopathy did secure a provision in the New Brunswick medical legislation to the effect that persons were not to be prevented from "...practising methods of treatment which are commonly recognized as distinctly osteopathic".⁷⁰ Under this legislation it has been possible for a few osteopaths to practise since that time. The "New Brunswick Medical Act" of 1958 not only reaffirms the 1920 legislation, but also introduces some additional professional qualifications standards.

The Development of Osteopathy in Western Canada

As with the eastern provinces, the history of western osteopathy goes back to the beginning of the twentieth century; and the number of practitioners, though nearly twice as numerous as in the eastern provinces has not been large.

According to one report the first three osteopaths to come to British Columbia arrived not later than 1909. A bill was introduced by some medical practitioners in 1909 to nullify osteopathic practice, met with organized public opposition and was withdrawn. In that year changes were made in the "Medical Act" of the province to allow osteopathic physicians to obtain licensure by writing the same examinations as medical practitioner candidates, except that the medicine and therapeutics paper was replaced by one on the principles and practice of osteopathy.⁷¹ This early legislation allowed certain practice privileges — such as signing of birth and death certificates, hospital access, use of narcotics — all of which were later withdrawn.

⁶⁹ *Revised Statutes of Nova Scotia, 1923, Section 19.* Essentially the same provisions for osteopathy were retained in the "Nova Scotia Medical Act" of 1954.

⁷⁰ *Statutes of New Brunswick, 1920, Ch. 52, Sec. 53.*

⁷¹ *Revised Statutes of British Columbia, Vol. II, for 1911, "The Medical Act of 1909", Ch. 6, Sec. 29, p. 1803.*

Prior to 1930 about 10 more osteopaths passed their examinations and were then registered by the College of Physicians and Surgeons; in the 1930's several attempted the examinations without success. During and after this period, it is reported, relations with the medical profession gradually deteriorated. At present, while the Workmen's Compensation Board and a number of other insurance plans recognize osteopathic claims in British Columbia, others do not, including the major medical profession sponsored plan (M.S.A.).

According to *The Osteopathic Bulletin*, a newsletter of the Alberta osteopathic profession in 1911, the first osteopathic practitioner in that province arrived in 1903, and approximately nine or ten others arrived within less than a decade. A formally organized provincial association, The Alberta Osteopathic Association, existed between 1911 and 1924. At the first meeting in 1911 this organization, whose membership consisted of "graduate" osteopaths, elected officers and appointed committees on education and legislation. It is reported that the Alberta Osteopathic Association became inactive after the death of the one-time president of the Association in 1924.

In the earlier phase of osteopathy in Alberta relations with the medical profession were apparently quite workable. Osteopaths had hospital privileges and there were referrals between the two groups. Licensing of osteopathy was provided for under the Alberta "Medical Profession Act" of 1911, and osteopaths registered with the College of Physicians and Surgeons. In time, relations between the two professions became more distant, and the practice of osteopathy declined to the point where today only three practitioners remain. The Registrar of the University of Alberta, along with a Board of several medical and one osteopathic representative, is responsible for osteopathic licensure under the Medical Act. The Registrar's Office reports that it has been at least 20 years since an osteopathic applicant has sought licensure in Alberta. At present there is no provincial osteopathic association.

The first official board for registration and examination of osteopaths to be created outside of the United States was appointed in Saskatchewan under the provisions of "The Osteopathy Act" of 1913.⁷² In 1914 several doctors were licensed under this Act, and practised under its provisions for three years. The 1917 Saskatchewan "Drugless Practitioners Act", which repealed the "Osteopathic Act" of 1913, regulated osteopathy as well as chiropractic and naturopathy. Amendments to this Act, passed in 1925, 1926, 1927 and 1929, served further to restrict the scope of practice of osteopaths. The legal situation was not considered satisfactory by the osteopathic profession and in 1927 the group made an unsuccessful attempt to revise the province's Medical Act to provide for qualification of osteopaths under the same examinations taken by medical practitioners; a provision which would have put osteopathy under the jurisdiction of the College of Physicians and Surgeons as in British Columbia and Alberta. The "Drugless Practitioners Act" was rewritten in 1930, an important provision of which placed

⁷² *Statutes of Saskatchewan, 1913; Ch. 54.*

portions of the licensure examinations under the University of Saskatchewan. In 1928, a professional association of osteopathic physicians was constituted which has since been a recognized division of the American Osteopathic Association.

In 1944 the Province of Saskatchewan again passed a specific osteopathic act, still in effect,⁷³ which provided for a Board of Osteopathic Physicians, with the University of Saskatchewan involved in licensure examinations. Since 1948 the Saskatchewan Society of Osteopathic Physicians, with the support of petitions bearing several thousand signatures, has been trying without success to amend the "Osteopathic Practice Act". The osteopaths wish to create practice rights which they contend are commensurate with their training and would grant equal status under the law for medical and osteopathic practitioners. It is argued that without revision of the legal situation there will be no osteopathic practitioners in the province after the retirement of those practitioners now residing there.

For a number of years the Saskatchewan Society of Osteopathic Physicians and Surgeons has been active in the development of a precursor to the Canadian Osteopathic Aid Society.⁷⁴ Although Saskatchewan osteopaths may be reimbursed under provisions of the Workmen's Compensation Act, they are not now included in the comprehensive Saskatchewan medical care program initiated in 1962.

The first osteopath arrived in Manitoba in 1899,⁷⁵ and several others arrived within the next several years. They formed the Manitoba Osteopathic Association in 1913, with six members. One year later an unsuccessful attempt was made to secure licensing legislation for osteopathy. Again in 1921 the osteopaths tried without success to obtain legislation to govern their profession. Finally in 1945 specific legislation for osteopathy was passed called "The Osteopathic Act" which is administered by a Board of Osteopathic Physicians who supervise examinations for licensure. This legislation provided for "The Manitoba Osteopathic Association" which had eight members at its beginning in 1945. Although the Act permits osteopaths to practise what was taught in their accredited colleges, restrictions on hospital privilege and legal restrictions on the use of drugs effectively limit the scope of therapy. In spite of these limitations, the Workmen's Compensation Board in Manitoba and some other government and private insurance organizations do not recognize osteopathic services for their insured. It appears that either because of these limitations or for some other reasons, no new osteopaths have entered the profession in Manitoba for a number of years.

The comparative analysis limited exclusively to all the legislative acts pertaining to these professions presented in the following section will give a clearer insight into problems which grow out of the actual legislation itself, as in the case mentioned immediately above, or which grow out of the fact that no specific legislation exists which pertains exclusively to each of the separate professions.

⁷³ *Statutes of Saskatchewan, 1944; Ch. 68.*

⁷⁴ *Canadian Osteopathic Aid Society, Saskatchewan Division, brief to The Royal Commission on Health Services, Regina, January 1962.*

⁷⁵ Linnen, *op. cit.*, p. 70.

B. CHIROPRACTIC, NATUROPATHIC AND OSTEOPATHIC LEGISLATION IN CANADA

Considered as a whole, the legislation governing chiropractic, naturopathy, and osteopathy seems, in all cases, to have been initiated by the three westernmost provinces.

British Columbia in its "Medical Act" of 1909 was the first province to pass any legislation dealing with these three occupations.⁷⁶ Saskatchewan was the first province with an "Osteopathic Act" and a "Drugless Practitioners Act". British Columbia was the first to pass a "Naturopathic Act". Alberta passed the first "Chiropractic Act". Ontario seems to have followed the precedent set by Saskatchewan, subsequently abandoned, of dealing with these occupations under one "Drugless Practitioners Act". Manitoba seems to have followed the lead of Alberta by passing a "Chiropractic Act", of British Columbia by passing a "Naturopathic Act" and of Saskatchewan by passing an "Osteopathic Act". The West appears to have provided the prototypes for some of the other provinces.

The first specific "Chiropractic Act" was passed in 1923 in the Province of Alberta. However, before this date there had been legislation pertaining to chiropractic. In 1917 it was covered under the "Drugless Practitioners Act" in Saskatchewan. In 1921 chiropractic was covered under the British Columbia "Medical Act". From 1922 chiropractors were under the "Medical Professions Act" in Alberta. From 1923 to 1925 chiropractors in Ontario were covered by the Ontario "Medical Act". In 1925 they were placed under the "Drugless Practitioners Act" along with osteopaths and drugless therapists. The second "Chiropractic Act" was passed in British Columbia in 1934, the third in Saskatchewan in 1943. Two years later, in 1945, Manitoba passed a "Chiropractic Act". The most recent "Chiropractic Act" is the New Brunswick Act passed in 1958.

The first "Naturopathic Act" was the British Columbia Act of 1936. Before that time, although the term naturopathy was not specifically used, it was covered under "Drugless Practitioners Acts" in Saskatchewan and Ontario, and under "Medical Acts" in British Columbia and Alberta. The second "Naturopathic Act" was passed by Manitoba in 1946. Alberta and Saskatchewan followed in 1952 and 1954 respectively. However, between 1948 and 1952 naturopathy in Alberta was dealt with under a "Drugless Practitioners Act". Naturopaths are still dealt with under the "Drugless Practitioners Act" in Ontario.

Prior to 1913 osteopaths had been dealt with under the "Medical Acts" in British Columbia and Alberta. In 1913 Saskatchewan passed the first specific "Osteopathy Act" which was, however, repealed in 1917 in favor of a "Drugless Practitioners Act" designed to cover chiropractic and other drugless therapy as well. After this, no province had "Osteopathic Acts" until Saskatchewan again passed one in 1944. In the interim, osteopathy was covered under "Drugless Practitioners Acts" passed in Saskatchewan, as noted above, in 1917, and in Ontario

⁷⁶ See Table I-1 in Chapter I for a complete legislation chronology.

in 1925. Osteopathy was mentioned briefly in "The New Brunswick Medical Act" of 1920. From 1922 to the present, osteopaths have been dealt with in the "Medical Professions Act" in Alberta. For a short time in Ontario (from 1923 to 1925) they were covered under the "Medical Act". Nova Scotia entered a clause dealing with osteopathy into its "Medical Act" in 1923 which was modified slightly in 1954. Following Saskatchewan's lead, Manitoba passed an "Osteopathic Act" in 1945. The most recent legislation related to osteopathy is the New Brunswick "Medical Act" of 1958.

Definition of the Healing Art

In all cases, both chiropractic and naturopathy are defined by either the Acts or the Regulations in those provinces having legislation bearing on these occupations. Osteopathy, however, is defined by only two out of the seven pieces of legislation. (Appendix Table I-1 indicates all the types of legislation by which each of the groups is regulated in each of the provinces.)

APPENDIX TABLE I-1

TYPE OF LEGISLATION PERTAINING TO CHIROPRACTIC, NATUROPATHY
AND OSTEOPATHY, 1962

Province	Drugless Practi- tioners Act	Medical Act	Chiro- practic Act	Naturo- pathic Act	Osteo- pathic Act	Workmen's Compensa- tion Act
British Columbia . .		x	x	x		x
Alberta		x	x	x		x
Saskatchewan			x	x	x	x
Manitoba			x	x	x	x
Ontario	x					x
Quebec						x
New Brunswick . . .		x	x			x
Nova Scotia		x				
Prince Edward Island						
Newfoundland						

Source: Provincial legislation for British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick and Nova Scotia. See Appendix Table I-7.

All five provincial acts relating specifically to chiropractic define it. The definitions provided in the Saskatchewan Act can serve as a basis for comparison as it is perhaps the most inclusive; all the remaining definitions are similar, except for the fact that the Saskatchewan definition specifically uses the term "diagnosis". According to the "Chiropractic Act" of Saskatchewan, "Chiropractic" means "the science and art of treatment, by diagnosis (including all diagnostic methods), spinal analysis, direction, advice, written or otherwise, of any

ailment, disease, defect or disability of the human body, by methods of adjustment by hand of one or more of the several articulations of the human body, more specifically those of the spinal column, taught in Colleges of Chiropractic". By contrast "The Ontario Drugless Practitioners Act" defines a "drugless practitioner" as "a person who practises or advertises or holds himself out in any way as practising the treatment of any ailment, disease, defect or disability of the human body by manipulation, adjustment, manual or electrotherapy or by any similar method"; but the Ontario Regulations define chiropractic more specifically.

The Acts in effect in the four western provinces define the term "naturopathy", while the Ontario Act defines only the term "drugless practitioner". The Saskatchewan Act defines "naturopathy" as "the art of healing by natural methods as taught in recognized schools of naturopathy". The other three western Acts define it more explicitly. For instance, the British Columbia Act defines "naturopathy" as "the art of healing by natural methods or therapeutics and without limiting the generality of the foregoing, shall for the purpose of this Act, be deemed to include the first-aid treatment of minor cuts, abrasions and contusions, bandaging and the taking of blood samples". The definitions in the Alberta and Manitoba Acts are similar. The Alberta Act defines "naturopathy" as "a system of therapy that treats human injuries, ailments or diseases by methods of nature, including any agency of nature, and employs as auxiliaries for such purposes the use of electrotherapy, hydrotherapy, body manipulation and dietetics". The Ontario Act and Regulations do not define "naturopathy" as such, but the Regulations do include a definition of "drugless therapist" which seems to be synonymous with the term "naturopath" in that province.

Only the two western provinces with Acts relating directly to osteopathy (Saskatchewan and Manitoba) define the practice of osteopathy in their Acts. The "Osteopathic Practice Act" of Saskatchewan defines osteopathy as "the practice of the healing art as taught and practised, now or hereafter, in the recognized associated colleges of osteopathy". "The Osteopathic Act" of Manitoba defines osteopathy as "the school of medicine, or the art and science of diagnosis, prevention, and treatment of disease and injury that specializes in manipulative procedures for the detection and correction of disorders and affections of the tissues of the body structure; employing auxiliary medical appliances, devices and other aids, to diagnose and support, immobilize, and otherwise adjust, bodily impairments, and includes minor surgery and the use of antidotes, biologics, drugs necessary to the practice of minor surgery or for the simpler remedies commonly given for temporary relief".

Pre-professional Education

With respect to pre-professional requirements, looking at all three groups, Manitoba is the only province whose legislation specifies the same requirements of all candidates; that is, junior matriculation or the equivalent. In the other

provinces there is greater variability in pre-professional requirements for the three groups. British Columbia requires junior matriculation for chiropractic and senior matriculation for naturopathy. Alberta indicates a Grade XI standing for chiropractic and junior matriculation for naturopathy. Saskatchewan asks for senior matriculation for chiropractic and junior matriculation for osteopathy. Ontario legislation specifies secondary school graduation or equivalent for osteopathy and secondary school "Honors" graduation for chiropractic. (Appendix Table I-2).

APPENDIX TABLE I-2

EDUCATION: PRE-PROFESSIONAL AND PROFESSIONAL REQUIREMENTS, 1962

Province	Chiropractic		Naturopathy		Osteopathy	
	Pre-Prof.	Prof.	Pre-Prof.	Prof.	Pre-Prof.	Prof.
British Columbia.....	**	R ¹	***	R	n.s. ²	R
Alberta.....	*	R	*	R	n.s.	n.s.
Saskatchewan.....	**	R	n.s.	R	*	R
Manitoba.....	*	R	*	R	*	R
Ontario.....	***	R	n.s.	R	**	R
New Brunswick.....	***	R			n.s.	R
Nova Scotia.....					n.s.	M.D. ³

* = Grade 11, sometimes referred to as junior matriculation.

** = Grade 12, sometimes referred to as junior matriculation, sometimes senior matriculation.

*** = Grade 13, sometimes referred to as senior matriculation or Honors Diploma.

¹ Graduation from a "recognized" or "approved" school or college of chiropractic, osteopathy or naturopathy.

² "N.S." indicates: not specified in the Act.

³ Graduation from a "recognized" medical school.

Source: Provincial legislation for British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia. See Appendix Table I-7.

Manitoba is the only province which specifies pre-professional requirements for all three groups. Alberta, British Columbia and New Brunswick do not specify pre-professional education for osteopathy. Saskatchewan and Ontario do not specify pre-professional education for naturopathy.

With respect to chiropractic pre-professional requirements, British Columbia and Manitoba require the candidate to have provincial junior matriculation or equivalent. Saskatchewan and New Brunswick require provincial senior matriculation or equivalent. Ontario Secondary School "Honors" graduation or equivalent is required in Ontario. The Alberta Regulations require "Alberta" Grade XI or equivalent for chiropractic.

In regard to naturopathic pre-professional requirements, none are specified by Ontario or Saskatchewan Acts. Senior matriculation is required by the Regulations of British Columbia. Alberta and Manitoba require junior matriculation or equivalent.

With respect to osteopathic pre-professional education, the legislation of three provinces (British Columbia, Alberta and New Brunswick) do not specify any requirements. (However, the professional schools recognized by the governing bodies of these professions in these provinces do specify such requirements.) Saskatchewan and Manitoba require applicants to have provincial junior matriculation or equivalent, in addition to having completed two years pre-osteopathic education in recognized universities. Ontario requires applicants to have Ontario Secondary School graduation or equivalent as well as two years pre-osteopathic education at a college or university in a course which includes physics, organic chemistry, biology, and English. Nova Scotia is the only province which requires matriculation at a school of medicine recognized by the Provincial Medical Board as well as two years interning.

Professional Training

The only instance where professional training is not specified by provincial legislation is in the case of osteopathy (Appendix Table I-2). In all other cases the professional training requirement for graduation is from a "recognized" school or college of professional training in the particular field. In all provinces with chiropractic legislation, the professional training required is graduation from a "recognized" school or college of chiropractic, and all provinces with naturopathic legislation require applicants to have graduated from a "recognized" school or college of naturopathy. The legislation in Alberta and Nova Scotia does not specify the content of professional osteopathic training. In five provinces (British Columbia, Saskatchewan, Manitoba, Ontario and New Brunswick) applicants must have graduated from a "recognized" school or college of osteopathy.

Recognition of Professional Schools

The designation of a "recognized" school of chiropractic differs slightly among the provinces. Five of the Acts declare that the course of training offered by the school or college must last four years. The British Columbia and Saskatchewan Acts specify that the college periods must be eight months or more in each year. Ontario and New Brunswick require that the periods of professional schooling shall be nine months each of the four years. Moreover, the Ontario Regulations require that 4,200 hours of instruction be given. The Alberta Act merely states that it is the responsibility of the Chiropractic Appraisal Board to establish "a list of schools and colleges of chiropractic, graduation from which would, in the opinion of the Board, qualify a person to practise chiropractic..." The New Brunswick Act, the most recent piece of chiropractic legislation, is the only Act that specifies the minimum subjects required to be taught by the school of chiropractic. These are: anatomy, physiology, chemistry, pathology, histology, neurology, gynaecology, sanitation and hygiene, general diagnosis including symptomatology, X-ray, dissection, bacteriology, embryology, first-aid and emergency treatment, and the principles and practice of the methods of chiropractic. The Ontario Regulations also

specify subjects. They are similar to those set out in the New Brunswick Act except that they do not include X-ray, dissection, neurology and gynaecology, but they do include these additional subjects: medical jurisprudence, psychology, ophthalmology, otolaryngology, dietetics and psychiatry.

A "recognized" school of naturopathy in British Columbia, Alberta and Manitoba means one that is recognized by the boards of naturopaths (or naturopathic physicians, as the case might be) of these provinces. According to the Regulations in Ontario, "no school or college teaching drugless therapy shall be approved by the Board, whose course of instruction is less than four years of nine months in each year and unless it teaches a minimum course of at least 4,200 fifty-minute hours or its equivalent..."

With respect to what is considered a "recognized" school of osteopathy, the New Brunswick Act states that it is a college approved by the Canadian Osteopathic Association. Two Acts, British Columbia and Saskatchewan, specify that in order to gain provincial recognition the college must be recognized by the American Osteopathic Association. The Saskatchewan, Manitoba and Ontario Acts require that the course taught at the colleges be four years in length. The Saskatchewan Act specifies that the college periods must be nine months each or more. The Ontario Regulations require that the school must give a minimum of 5,000 hours of instruction, and the school must also require students to complete at least two years of pre-medical study. The Saskatchewan Act specifies that the school must require its students to have completed two years of university, pre-osteopathic education including courses in English, physics, chemistry and biology. According to the Alberta Act a recognized school of osteopathy is one that is recognized as a school or college by the General Faculty Council of the University of Alberta.⁷⁷

Provincial Examining Bodies

In two provinces (Manitoba and Ontario) chiropractic, naturopathic and osteopathic boards are solely responsible for conducting the examinations in their respective healing arts. In all other instances outside groups are also involved. For example, Saskatchewan's arrangements are similar to Manitoba's except for the additional qualification that the University of Saskatchewan is responsible for setting the basic science part of the examination for all three groups. Medical boards set the examination in three instances, but only for osteopaths (British Columbia, New Brunswick and Nova Scotia). In only one instance, again for osteopaths, does the provincial university (Alberta) have complete control over the examination of candidates, including the prescription of examination subjects.

⁷⁷ It must be remembered that legislation only specifies minimum educational standards. See Chapter V of this study — Education — which sets forth the educational requirements instituted by members of the profession, which are beyond those minima specified in the Acts and Regulations of the several provinces.

In all provinces with legislation the board of chiropractors or their appointees are the examining bodies. In Saskatchewan, the board conducts the chiropractic portion of the examination and the University of Saskatchewan conducts the basic sciences portion.

Regarding the naturopathic examining bodies, in Ontario the examining body is the Board of Directors of Drugless Therapy. In Manitoba and Alberta it is an examining body appointed by the board of naturopaths. In Saskatchewan, the University of Saskatchewan in consultation with the Council of Naturopathic Physicians is responsible for making regulations concerning the examinations. In British Columbia the examining body is the Examining Board consisting of three members appointed by the Minister of Health Services and Hospital Insurance.

For osteopathy, the examining bodies in Saskatchewan, Manitoba and Ontario are osteopathic boards with the additional qualification that in Saskatchewan the University of Saskatchewan also is concerned in the setting of examination regulations. In Alberta, the General Faculty Council of the University of Alberta, in conjunction with one member of the profession, is the examining body. In British Columbia and New Brunswick the provincial medical councils are the examining bodies. In Nova Scotia, the examining body is the "Provincial Medical Board".

Prescription of Subjects

In three provinces (British Columbia, Manitoba and Saskatchewan) the subjects in which prospective licentiates are examined are prescribed in the respective Acts for all three groups. In Ontario the subjects for all three fields are prescribed by the Regulations. Alberta seems to have the most variability in this regard in that the subjects for each group are prescribed each in a different manner. For chiropractic they are prescribed by the Regulations; for naturopathy, if necessary, they are prescribed by the University of Alberta as already mentioned. In New Brunswick, osteopathy subjects are prescribed by the Medical Council.

In British Columbia, Saskatchewan, Manitoba and New Brunswick the examination subjects for chiropractic candidates are prescribed by the Acts and basic sciences are traditionally included. In Ontario and Alberta the subjects are prescribed by the Regulations. For naturopathic candidates in Saskatchewan and Manitoba the subjects in which they are examined are also prescribed by the Act. In Ontario, they are prescribed by the Regulations. In British Columbia subjects are prescribed by the Examining Board in accordance with a schedule of subjects used in the Regulations and approved by the Board of Naturopathic Physicians. Alberta seems to be in a unique position since "an applicant who comes from a school accredited by the Naturopathy Appraisal Board and the Alberta Association of Naturopathic Practitioners may be listed by the Appraisal Board or accepted to membership in the association without examinations if he meets all the requirements".⁷⁸ Otherwise, an applicant must submit to an examination prescribed by the Alberta Examining Board of the Association in conjunction with the Council of the Association.

⁷⁸ Letter from the Archivist, Canadian Naturopathic Association.

The examination subjects for prospective licentiates are prescribed by the legislation in four of the provinces (British Columbia, Saskatchewan, Manitoba and Nova Scotia). In Ontario, the subjects are prescribed by the Regulations of the Board of Directors of Osteopathy. The General Faculty Council of the University of Alberta prescribes the subjects in Alberta. In New Brunswick, the Medical Council of the province prescribes the subjects. In British Columbia and Nova Scotia osteopathic physicians are responsible for the examination of subject matter relating to their particular group under auspices of their parent medical organizations.

Required Subject Matter

Omitting chiropractic in Alberta, since it has the unique examination procedure described below, there are three subjects in which all candidates for each of the three groups must be examined: these are anatomy, physiology and pathology. All must take an examination in chemistry except osteopathic candidates in Alberta. All, except osteopaths in Nova Scotia, must take an examination in the principles and practices of their respective field. Also, all candidates except those for osteopathy in Alberta and Nova Scotia must take examinations in sanitation and hygiene. All candidates except those for chiropractic in New Brunswick and osteopathy in Alberta must take an examination in histology. An examination is given in diagnosis in all instances except osteopathy in Alberta, Ontario and Nova Scotia. An examination in gynaecology is given in all cases except in naturopathy in British Columbia and Saskatchewan, and in osteopathy in Alberta and Saskatchewan. Examinations are given in neurology and in bacteriology in fewer instances. Examinations are given in fifteen other subjects, these being variously and less frequently distributed (Appendix Table I-3).

For chiropractic, British Columbia, Saskatchewan and Manitoba all prescribe the same subjects in their Acts. These subjects are: anatomy, physiology, chemistry, pathology, histology, neurology, gynaecology, sanitation and hygiene, general diagnosis including symptomatology and the principles and practice of the methods of chiropractic treatment. The Regulations in Ontario prescribe bacteriology in addition to the other subjects set forth in the Western Canadian Acts. The same subjects with the exception of histology are prescribed in the New Brunswick Act. The Regulations in Alberta specify that the examinations are to consist of two papers, one on the "Philosophy and Principles of Chiropractic" and the other on "Chiropractic Technique and X-ray".

The subjects prescribed in British Columbia, Alberta, Saskatchewan, Manitoba and Ontario for naturopathic candidates are for the most part similar, those in British Columbia and Alberta being identical. All five provinces require examinations in anatomy, physiology, pathology, chemistry, histology, sanitation and hygiene, diagnosis including symptomatology, and the principles and practices of naturopathy. In addition, Manitoba, Ontario, British Columbia and Alberta require examinations in gynaecology. Manitoba requires candidates to take an additional

APPENDIX TABLE I-3
EXAMINATION SUBJECTS SPECIFIED IN LEGISLATION DEALING WITH CHIROPRACTIC,
NATUROPATHY AND OSTEOPATHY IN CANADA, 1962

Health Service by Province	Anatomy	Physiology	Pathology	Chemistry	Sanitation and Hygiene	Histology	Neurology	Gynaecology	Diagnosis	Principles and Practices	Bacteriology	Obstetrics	Jurisprudence	Embryology	Dietetics	Biochemistry	Endocrinology	Psychology	Surgery	Toxicology	Paediatrics	Psychiatry	Pharmacology	Pharmacy	Medicine	Therapeutics	Technique and X-ray
<i>Chiropractic</i>																											
British Columbia.....	x	x	x	x	x	x	x	x	x	x																	x
Alberta.....										x																	
Saskatchewan.....	x	x	x	x	x	x	x	x	x	x																	
Manitoba.....	x	x	x	x	x	x	x	x	x	x																	
Ontario.....	x	x	x	x	x	x	x	x	x	x																	
New Brunswick.....	x	x	x	x	x	x	x	x	x	x	x																
<i>Naturopathy</i>																											
British Columbia.....	x	x	x	x	x	x	x	x	x	x																	
Alberta.....	x	x	x	x	x	x	x	x	x	x																	
Saskatchewan.....	x	x	x	x	x	x	x	x	x	x																	
Manitoba.....	x	x	x	x	x	x	x	x	x	x																	
Ontario.....	x	x	x	x	x	x	x	x	x	x																	
<i>Osteopathy</i>																											
British Columbia.....	x	x	x	x	x	x	x	x	x	x	x	x	x														
Alberta.....	x	x	x	x	x	x	x	x	x	x																	
Saskatchewan.....	x	x	x	x	x	x	x	x	x	x																	
Manitoba.....	x	x	x	x	x	x	x	x	x	x																	
Ontario.....	x	x	x	x	x	x	x	x	x	x																	
Nova Scotia.....	x	x	x	x	x	x	x	x	x	x																	

Source: Provincial legislation for British Columbia, Alberta, Saskatchewan, Ontario, Quebec, New Brunswick and Nova Scotia. See Appendix Table I-7.

examination in neurology. Ontario, British Columbia and Alberta also set an examination in bacteriology. In addition to the subjects mentioned so far, Alberta and British Columbia also require examinations in medical jurisprudence, dietetics, obstetrics, endocrinology and remedial psychology. In Saskatchewan, the University in consultation with the Council of Naturopathic Practitioners may require other subjects.

For osteopathic candidates there are five subjects common to all the provinces where the subjects are specified either in the Act or the Regulations. These subjects are: anatomy, chemistry, histology, pathology and physiology. Bacteriology, gynaecology, surgery and medical jurisprudence are required by four provinces (British Columbia, Manitoba, Ontario and Nova Scotia). British Columbia, Saskatchewan, Manitoba and Ontario all require an examination in principles and practice of osteopathy. British Columbia and Manitoba both require diagnosis, neurology, toxicology, and hygiene examinations. Saskatchewan also requires hygiene and diagnosis and Ontario requires neurology. Both Ontario and Nova Scotia in addition to the subjects already mentioned above also require examinations in obstetrics, pharmacology, preventive medicine, embryology, therapeutics and pediatrics. Ontario is the only province which requires parasitology, "osteopathic medicine", immunology, public health, psychology, and psychiatry. Pharmacy and medicine are required only by Nova Scotia. In Alberta the subjects set by the University of Alberta Medical Board are: anatomy, pathology, physiology, bacteriology, and minor surgery – the same examination subjects as medical candidates have. An examination in the theory and practice of osteopathy is set by an appointed practising osteopath in Alberta.

Licensing Body

In fourteen instances the licensing bodies are specific 'healing arts' boards, in four instances a medical board. The licensing body in all provinces with chiropractic legislation is a board of chiropractors. The licensing body for naturopaths in each of the five provinces with naturopathic legislation is a naturopathic board (called the Board of Naturopathic Physicians in British Columbia and the Board of Directors of Drugless Therapy in Ontario). With respect to the licensing of osteopathic physicians, in only three provinces (Saskatchewan, Manitoba and Ontario) does the legislation provide a special osteopathic board for this purpose. In Manitoba and Saskatchewan it is called "The Board of Osteopathic Physicians" and in Ontario it is called "The Board of Directors of Osteopathy". In the other four provinces with legislation pertaining to osteopathy the licensing body is a medical body: in British Columbia and Alberta it is the College of Physicians and Surgeons; in New Brunswick it is the Medical Council; in Nova Scotia it is the Provincial Medical Board.

Licensing Registration and Annual Fees

The lowest registration fee is \$5, for naturopathy in Saskatchewan; and the highest registration fee is \$250, for chiropractic in British Columbia. The lowest annual fee is \$5, for osteopathy in Manitoba; the highest is \$200, for chiropractic in Saskatchewan. The difference in magnitude of fees is due to the differences in services provided. For instance, the \$200 annual chiropractic fee for Saskatchewan includes licence to practise and memberships in the provincial national and college associations. In other provinces, these services may not be included in the annual fee. (Appendix Table I-4).

APPENDIX TABLE I-4

PROFESSIONAL REGISTRATION AND ANNUAL FEES FOR CHIROPRACTIC,
NATUROPATHY AND OSTEOPATHY BY PROVINCE, 1962

Province	Registration			Annual		
	C	N	O	C	N	O
British Columbia	\$250	\$200	\$200	\$150	\$25	\$50
Alberta	60	50	50	100	50	75
Saskatchewan	10	5	50	200	35	30
Manitoba	150	95	100	130	10	5
Ontario	40	40	40	20	15	25
New Brunswick	100		n. s. ¹	75		n. s.
Nova Scotia			M. B. ²			n. s.

C = chiropractic

N = naturopathy

O = osteopathy

¹ n. s. = not specified by Act or Regulations

² M. B. = set by Provincial Medical Board

Source: Provincial legislation and regulations for British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia. See Appendix Table I-7.

The registration and annual fees for chiropractors are set by the chiropractic boards in every province with legislation, with the exception of Alberta where the maximum fee is set by the Act. The registration fees range from \$10 in Saskatchewan to \$250 in British Columbia. Annual fees range from \$20 in Ontario to \$200 in Saskatchewan.

In all provinces, except Alberta, registration fees for naturopaths are prescribed by Regulations. In Alberta the registration fee is prescribed in the by-laws of the Association of Naturopathic Practitioners. In Ontario the annual fees are determined by the Board of Directors of Drugless Therapy, currently not less than \$10 nor more than \$15. In Alberta and Manitoba, the naturopathic professional groups are responsible for setting the annual fee. In Saskatchewan the Act does not specify who is responsible for setting the fees. In British Columbia the annual fee is set by the Regulations. The registration fees range from \$5 in Saskatchewan to \$200 in British Columbia. Annual fees for naturopaths range from \$10 in Manitoba to \$50 in Alberta.

Only one Act ("The Medical Profession Act" of Alberta) specifies the exact registration fee (\$50) for osteopathy. Two Medical Acts (British Columbia and New Brunswick) do not mention registration fees. In three provinces, Saskatchewan, Manitoba and Ontario, the registration fees are prescribed by an osteopathic board. In Nova Scotia the registration fee is determined by the Provincial Medical Board.

No Act specifies the exact annual fee for osteopathy. In British Columbia and Alberta the annual fee is determined by the Council of the College of Physicians and Surgeons. In Saskatchewan, Manitoba and Ontario the annual fees are set by an osteopathic board. The Acts of Nova Scotia and New Brunswick do not mention annual fees.

The osteopathy registration fees range from \$40 in Ontario to \$200 in British Columbia. The annual fees in osteopathy range from \$5 in Manitoba to \$75 in Alberta.

Scope of Practice

In all cases except those in which the scope of practice is not explicitly specified (as with osteopathy in British Columbia, Alberta, Saskatchewan and New Brunswick) or where it is unlimited (as with osteopathy in Nova Scotia) members of all three professions may not use drugs or anaesthetics or practise surgery. In all instances except three (chiropractic and naturopathy in Alberta and osteopathy in Manitoba), chiropractors, naturopaths and osteopaths are forbidden to practise midwifery. In the case of these three exceptions, they are forbidden to practise obstetrics. Except for chiropractic, naturopathy and osteopathy in Ontario, naturopathy and osteopathy in Manitoba, and naturopathy in British Columbia, practitioners in these three health services are expressly forbidden to practise medicine in the legislation bearing directly on their field. In the cases of chiropractic and naturopathy in Alberta and naturopathy in Saskatchewan, the members of the three health services are forbidden by the Acts to treat venereal disease or other communicable diseases as defined by other legislation. X-ray privileges are explicitly allowed chiropractors in only four instances (Appendix Table I-5).

All the acts make it illegal for chiropractors to prescribe or administer drugs for use internally or externally, to use, direct, or prescribe the use of anaesthetics and to practise surgery or midwifery. All Acts, except the Ontario "Drugless Practitioners Act", explicitly forbid chiropractors from practising medicine. Of course, in Ontario the "Medical Act" prohibits practice of medicine by people not registered under it. In Alberta, chiropractors are explicitly forbidden to treat any venereal disease, or any communicable disease, as defined by the "Public Health Act". In provinces with chiropractic legislation, except Alberta and Ontario, the Acts specify X-ray privileges.

APPENDIX TABLE I-5

SCOPE OF PRACTICE ALLOWABLE FOR CHIROPRACTIC, NATUROPATHY
AND OSTEOPATHY IN CANADA, 1962

Health Service by Province	may not prescribe drugs	may not practise surgery	may not use anaesthetics	may not practise midwifery	may not practise medicine	may not treat communicable diseases	may not practise obstetrics	may not treat venereal disease	may use X-rays
<i>Chiropractic</i>									
British Columbia	x	x	x	x	x				x
Alberta	x	x	x		x	x	x	x	
Saskatchewan	x	x	x	x	x				x
Manitoba	x	x	x	x	x				x
Ontario	x	x	x	x					
New Brunswick	x	x	x	x	x				
<i>Naturopathy</i>									
British Columbia	x	x	x						
Alberta	x	x	x		x	x	x	x	
Saskatchewan	x	x	x	x	x	x		x	
Manitoba	x	x	x	x					
Ontario	x	x	x	x					
<i>Osteopathy</i>									
Manitoba	x	x	x				x		
Ontario	x	x	x	x					
British Columbia	"restricted to the practise of osteopathy"								
Alberta	not specified								
Saskatchewan	not specified								
New Brunswick	entitled to practise methods of treatment commonly regarded as distinctly osteopathic								
Nova Scotia	unlimited since must be qualified medical practitioner								

Source: Provincial legislation for British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick and Nova Scotia. See Appendix Table I-7.

In all provinces where naturopathic legislation is in effect, naturopaths are expressly prohibited by the Acts from practising surgery and administering drugs internally or externally.⁷⁹ In all provinces, except Alberta, the Act forbids the use of anaesthetics; in Alberta, the "Public Health Act" prohibits the use of anaesthetics. In all Acts, except the British Columbia and Alberta Acts, naturopaths are explicitly not allowed to practise midwifery; however, in Alberta, the Act prohibits

⁷⁹ In British Columbia, a 1958 amendment to The Naturopathic Physicians Act states that "nothing in this Act authorizes any person to prescribe or administer drugs for use internally or externally, except the preparations and medicines defined in the Regulations ..."

the practice of obstetrics. In Alberta and Saskatchewan the naturopathic Acts explicitly prohibit naturopaths from practising medicine or treating venereal disease. In Alberta, the Act states that naturopaths must not practise osteopathy.

In only one province is the scope of practice unlimited for osteopathic physicians; that is in Nova Scotia where osteopaths must be qualified medical practitioners as well. In four provinces (Alberta and New Brunswick Medical Acts, and Saskatchewan and Manitoba Osteopathic Acts) the scope of practice for osteopaths is not explicitly defined. "The Medical Act" of British Columbia states that an osteopath is "restricted to the practice of osteopathy", and presumably he may not practise medicine. The Ontario "Drugless Practitioners Act" makes it illegal for osteopaths "to prescribe or administer drugs for use internally or externally or to use, direct or prescribe the use of anaesthetics for any purpose whatsoever or to practise surgery or midwifery", although it should be recalled that they are required to pass examinations in all of these fields.

Administration and Regulation of Professional Conduct

In all cases, except for osteopathy in New Brunswick, the disciplinary body is specified as being the same as the licensing body for each of the three groups. In New Brunswick the Medical Act does not specify the disciplinary body.

The board of chiropractors in each province is empowered by the Acts to make rules regarding the administration and regulation of professional conduct for chiropractors.⁸⁰ Disciplinary measures include such powers as suspension or cancellation of registration. Moreover, in all provinces with chiropractic legislation the chiropractic boards are given the power to prohibit or control advertising by or on behalf of registered chiropractors.

In the four western provinces the naturopathic boards are responsible for maintaining discipline among naturopaths. In Ontario conduct is regulated by the Board of Directors of Drugless Therapy. In all provinces with naturopathic legislation, the bodies mentioned above are empowered to suspend or cancel registration of offending practitioners. In Saskatchewan and Manitoba, advertising may be prohibited and controlled by the boards of naturopaths. In Ontario, the Board of Directors of Drugless Therapy is the controlling body. In British Columbia, control of advertising is specified under the Regulations. The control and regulation of advertising is not specified in Alberta.

The regulation and administration of professional conduct of osteopaths is the responsibility of the osteopathic board in three provinces, Saskatchewan, Manitoba and Ontario. In British Columbia and Alberta it is the responsibility of the Council of the College of Physicians and Surgeons. In Nova Scotia, the Provincial Medical Board controls discipline. This responsibility is not explicitly defined in the New Brunswick Medical Act.

⁸⁰ In some provinces (such as British Columbia) the regulations must be approved by the Lieutenant-Governor in Council.

In only two Acts, Saskatchewan and Manitoba, is the power of control and prohibition of advertising of osteopaths specified. In Saskatchewan and Manitoba this power is placed in the hands of the osteopathic boards. In the other provinces with osteopathic legislation the control of advertising is not specifically stated.

Health Services Coverage

Involved here are both workmen's compensation coverage and old age pension and social assistance legislation. Workmen's compensation acts are provincial statutes fixing the compensation that a workman may recover from an employer in case of work-connected injury, and in a number of instances references are made in this form of legislation to the three groups under study (Appendix Table I-6). No coverage of chiropractic, naturopathy and osteopathy under these Acts is afforded in four provinces: Quebec, Nova Scotia, Prince Edward Island and Newfoundland; but four other provinces, British Columbia, Alberta, Saskatchewan and Ontario, offer coverage for all of these health services.

APPENDIX TABLE I-6

COVERAGE OF CHIROPRACTIC, NATUROPATHIC AND OSTEOPATHIC
SERVICES UNDER WORKMEN'S COMPENSATION ACTS,
BY PROVINCE, 1962

Province	Health Service		
	Chiropractic	Naturopathy	Osteopathy
British Columbia	x	x	x
Alberta	x	x	x
Saskatchewan	x	x	x
Manitoba	x		x
Ontario	x	x	x
Quebec			
New Brunswick	x		
Nova Scotia			
Prince Edward Island			
Newfoundland			

Source: Provincial legislation from British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick and Nova Scotia. See Appendix Table I-7.

Concerning coverage of chiropractic services under "Workmen's Compensation" Acts, all provinces with legislation applying to chiropractic (British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and New Brunswick) allow injured workmen to select chiropractors if desired. Four provinces, British Columbia, Alberta, Saskatchewan, and Ontario, permit injured workmen to seek naturopathic treatment under the provisions of the "Workmen's Compensation" Acts. Manitoba is the only province with naturopathic legislation which does not permit naturopathic treatment coverage under its "Workmen's Compensation" Act.

Five of the seven provinces with osteopathic legislation provide for treatment under their "Workmen's Compensation" Acts, that is, British Columbia, Alberta, Saskatchewan, Manitoba and Ontario. New Brunswick and Nova Scotia are the only two provinces with legislation applying to osteopathy which do not provide for such treatment under their "Workmen's Compensation" Acts.

Other Coverages

Regarding coverage of chiropractic, naturopathic and osteopathic services under other services Acts, an Alberta Order in Council authorizes payment for chiropractic services under the "Treatment Services Act"; and in Manitoba chiropractic is covered under "The Social Allowances Act". No similar legislation seems to exist in other provinces in regard to chiropractic, naturopathic or osteopathic services for old age pensioners or others in receipt of social allowances.

Legislative Sources

Listed below in Appendix Table I-7 is the major legislation bearing on the practice of chiropractic, naturopathy and osteopathy in Canada in 1962.

APPENDIX TABLE I-7
CANADIAN LEGISLATION FOR CHIROPRACTIC, NATUROPATHY AND OSTEOPATHY, 1962

Title of Act	Province	Year	Chapter	Healing Art
<i>Chiropractic Acts</i>				
"Chiropractic Act"	Revised Statutes of British Columbia	1960	54	chiropractic
"The Chiropractic Act"	Revised Statutes of Alberta	1955	41	chiropractic
"The Chiropractic Act"	Revised Statutes of Saskatchewan	1953	289	chiropractic
"The Chiropractic Act"	Revised Statutes of Manitoba	1954	37	chiropractic
"The Chiropractic Act"	Statutes of New Brunswick	1958		chiropractic
<i>Drugless Practitioners Acts</i>				
"The Drugless Practitioners Act"	Revised Statutes of Ontario	1960	114	chiropractic naturopathy osteopathy
<i>Medical Acts</i>				
"Medical Act"	Revised Statutes of British Columbia	1960	239	osteopathy
"The Medical Profession Act"	Revised Statutes of Alberta	1955	198	osteopathy
"Medical Act"	Statutes of New Brunswick	1958	54	osteopathy
"Medical Act"	Revised Statutes of Nova Scotia	1954	172	osteopathy
<i>Naturopathic Acts</i>				
"Naturopathic Physicians Act"	Revised Statutes of British Columbia	1960	264	naturopathy
"The Naturopathy Act"	Revised Statutes of Alberta	1955	221	naturopathy
"The Naturopathy Act, 1954"	Statutes of Saskatchewan		75	naturopathy
"The Naturopathic Act"	Revised Statutes of Manitoba	1954	184	naturopathy
<i>Osteopathic Acts</i>				
"The Osteopathic Practice Act"	Revised Statutes of Saskatchewan	1953	288	osteopathy
"The Osteopathic Act"	Revised Statutes of Manitoba	1954	43	osteopathy

APPENDIX II

**Questionnaire and Interview Schedule for the
Royal Commission on Health Services Survey of
Chiropractors, Naturopaths and Osteopaths,
1962**

DIRECTIONS: MOST OF THIS QUESTIONNAIRE HAS BEEN ARRANGED SO THAT ALL YOU NEED DO IS CIRCLE THE NUMBER BESIDE THE ANSWER THAT BEST FITS YOUR SITUATION. WHERE NECESSARY YOU ARE ASKED TO PRINT YOUR ANSWER IN A SPACE PROVIDED AND HERE, OF COURSE, LEGIBILITY IS ESSENTIAL.

THE CONFIDENTIAL NATURE OF THE SURVEY IS ASSURED BY THE FACT THAT YOU ARE ASKED NOT TO SIGN YOUR NAME TO THE QUESTIONNAIRE.

<p>1.-4. Date: _____ 1962 day month</p>	<p>11. In that family, were you: 1 - the oldest? 2 - the youngest? 3 - 'in the middle'? 4 - the only child?</p>
<p>5. Are you now: (CIRCLE THE CORRECT NUMBER) 1 - retired from practising? 2 - practising only part-time? 3 - practising full-time?</p>	<p>12. With regard to part-time and full-time practise, which of the following best applies to you? 1 - always have practised part-time 2 - always have practised full-time 3 - now practise <i>part-time</i>, but used to practise full-time 4 - now practise <i>full-time</i>, but used to practise part-time 5 - other (PLEASE SPECIFY: _____)</p>
<p>6. What is your sex? 1 - male 2 - female</p>	<p>13. Do you now practise: 1 - alone? 2 - in a 2-person group? 3 - in a 3-person group? 4 - in a group of 4 or more? (IF MORE, HOW MANY? _____) 5 - other? (SPECIFY: _____)</p>
<p>7. In which age group are you? 1 - 29 or younger 2 - 30 to 39 3 - 40 to 49 4 - 50 to 59 5 - 60 to 69 6 - 70 or over</p>	<p>14. How many years have you practised in Canada? 1 - less than one year 2 - one or two years 3 - 3 to 5 years 4 - 6 to 10 years 5 - 11 to 15 years 6 - 16 to 20 years 7 - 21 to 25 years 8 - over 25 years</p>
<p>8. Where were you born? 1 - in Canada 2 - in the U.S.A. 3 - not in Canada or the U.S.A.</p>	<p>15. Have you practised in any other country either before or since you started your practice in Canada? 1 - yes, in the U.S.A. 2 - yes, in (SPECIFY COUNTRY: _____) 3 - no, only in Canada</p>
<p>9. What is your present marital status? 1 - married 2 - divorced 3 - separated 4 - widowed 5 - single (never married)</p>	<p>10. Altogether, how many children were there in the family in which you grew up? 1 - one 2 - two 3 - three 4 - four 5 - five 6 - six or more (SPECIFY NUMBER: _____)</p>

16. For how many years have you been in practise at your *present* post office address?

1 - less than one year
 2 - one or 2 years
 3 - 3 to 5 years
 4 - 6 to 10 years
 5 - 11 to 15 years
 6 - 16 to 20 years
 7 - 21 to 25 years
 8 - over 25 years

17. Where is your (main) office located?

0 - rural area
 1 - town or village of *less than* 1,000
 2 - 1,000 to 1,999 population
 3 - 2,000 to 4,999
 4 - 5,000 to 9,999
 5 - 10,000 to 19,999
 6 - 20,000 to 49,999
 7 - 50,000 to 99,999
 8 - 100,000 to 249,999
 9 - 250,000 and larger

18. In how many different cities, towns and villages in Canada have you practised including your present practice?

1 - one
 2 - two
 3 - three
 4 - four
 5 - five
 6 - six or more (IF MORE, HOW MANY? _____)

19. In the column of numbers to the *left* please circle the number before the Province in which you *now* practise.

0 - Newfoundland	0
1 - Nova Scotia	1
2 - New Brunswick	2
3 - Prince Edward I.	3
4 - Quebec	4
5 - Ontario	5
6 - Manitoba	6
7 - Saskatchewan	7
8 - Alberta	8
9 - British Columbia	9

20. In the column of numbers to the *right* of the above list please *circle all numbers of other Provinces*, if any, in which you once practised, but now do not.

21. How much regular (that is, non-professional) formal academic education have you had? (CIRCLE ONE NUMBER ONLY)

1 - grade school, but not completed
 2 - completed grade school
 3 - some high school, but not completed
 4 - completed high school
 5 - some college or university, but not completed
 6 - completed college or university with Bachelor degree

22. Where did the *greatest portion* of this regular formal education take place?

1 - Canada
 2 - U.S.A.
 3 - other country (SPECIFY: _____)

23. In what *time period* did you take most of your *professional* schooling? This refers to your professional training, not the 'formal' education asked about above.

1 - 1955 to the present
 2 - 1950 to 1954
 3 - 1945 to 1949
 4 - 1940 to 1944
 5 - 1935 to 1939
 6 - 1930 to 1934
 7 - before 1930
 8 - have had no formal professional schooling

Please print in, below, the names of all *professional* schools you have attended, and the number of months of attendance at each.

NAMES OF SCHOOLS	NO. MONTHS
------------------	------------

- | | | |
|-----|-------|-------|
| 24. | _____ | _____ |
| 25. | _____ | _____ |
| 26. | _____ | _____ |
| 27. | _____ | _____ |

28. (29,30) What professional degree or diplomas have you received? CIRCLE APPROPRIATE NUMBER FOR EACH RECEIVED.

1 - DC
 2 - DDS
 3 - DO
 4 - MD
 5 - ND
 6 - others (SPECIFY EACH: _____)

31. Considering what you have learned in practice since leaving professional school, what basic change, if any, would you like to see made in these schools?

32. Did you have any sort of *financial subsidization*, either public or through private sources (not family), during any of your professional schooling?

1 - yes, for the entire time period
 2 - yes, through half or more of the time
 3 - yes, for less than half of the time
 4 - no

33. What special training in the use of psychological counselling do you have?

0 - none
 1 - a regular college psychology course
 2 - no formal training, but I have read a great deal on the subject
 3 - special training in professional school

(PLEASE SPECIFY: _____)

4 - other (SPECIFY: _____)

In choosing your profession, one or more factors may have influenced you. How important an influence for you was:

34. The availability of financial subsidization for schooling?

1 - a very important influence
 2 - a fairly important influence
 3 - a minor influence
 4 - no influence at all

35. Having a relative in this profession?

1 - a very important influence
 2 - a fairly important influence
 3 - a minor influence
 4 - no influence at all

36. Having a friend who entered this profession?

1 - a very important influence
 2 - a fairly important influence
 3 - a minor influence
 4 - no influence at all

37. The expectation of an adequate income?

1 - a very important influence
 2 - a fairly important influence
 3 - a minor influence
 4 - no influence at all

38. A desire to heal the sick?

1 - a very important influence
 2 - a fairly important influence
 3 - a minor influence
 4 - no influence at all

How important an influence for you, in choosing your profession, was:

39. Your religious training?

1 - a very important influence
 2 - a fairly important influence
 3 - a minor influence
 4 - no influence at all

40. A personal experience in which you were cured?

1 - a very important influence
 2 - a fairly important influence
 3 - a minor influence
 4 - no influence at all

41. Having a close relative cured by someone in this profession?

1 - a very important influence
 2 - a fairly important influence
 3 - a minor influence
 4 - no influence at all

42. Your disappointment in some other profession?

- 1 — a very important influence
- 2 — a fairly important influence
- 3 — a minor influence
- 4 — no influence at all

43. Not having to purchase a practice in this profession?

- 1 — a very important influence
- 2 — a fairly important influence
- 3 — a minor influence
- 4 — no influence at all

44. Have you ever purchased a practice in your profession? (Please refer only to the *first* practice purchased, if any.)

- 1 — no
- 2 — yes, with under two years to pay for it
- 3 — yes, with two to four years to pay
- 4 — yes, with over four years to pay

(HOW LONG? _____)

45. How did you *first* learn about your healing art?

- 1 — through my family
- 2 — through friends
- 3 — through school influences
- 4 — through professional announcement
- 5 — through reading some book or article
- 6 — through a personal experience
- 7 — other (PLEASE SPECIFY: _____)

46. How old were you when you first learned what a practitioner in your healing art does?

- 1 — under 15 years old
- 2 — 16 to 20 years old
- 3 — 21 to 25 years old
- 4 — 26 to 30 years old
- 5 — over 30 years old

47. At what age did you first seriously consider your current profession as a career?

- 1 — under 15 years old
- 2 — 16 to 20 years old
- 3 — 21 to 25 years old
- 4 — 26 to 30 years old
- 5 — over 30 years old

48. What vocation or profession, if any, did you seriously consider just prior to deciding upon your present profession?

49. What was your last *full-time occupation*, if any, before you undertook training in your healing art?

50. In your main offices, how many professional rooms, at least 5 ft. by 6 ft. in size, (or about 30 sq. ft. minimum) are used by you for *diagnostic and therapeutic* purposes?

- 1 — one
- 2 — two
- 3 — three
- 4 — four
- 5 — five or more (SPECIFY NUMBER: _____)

51. In what type of building is your main office located?

- 1 — a private residence
- 2 — a single-office building
- 3 — a general *commercial* building
- 4 — a commercial and residential building
- 5 — a *general professional* building
- 6 — a *healing arts* building
- 7 — other

(PLEASE SPECIFY: _____)

52. In what type of neighbourhood is your main office located?

- 1 — a residential area (no business or stores)
- 2 — a mixed residential and business area
- 3 — a general business area (with few or no residences)
- 4 — other (PLEASE SPECIFY: _____)

53. About when was the building in which your main office is located built?

- 1 — about 1955 to 1962
- 2 — about 1945 to 1954
- 3 — about 1935 to 1944
- 4 — earlier than 1935

Do you use the following means to let the public know about your practice?

54. Normal listing in the 'Yellow Pages' of the telephone directory?

1 - yes
2 - no

55. Special announcements in the 'Yellow Pages' of the telephone directory?

1 - yes
2 - no

56. Newspaper announcements?

1 - yes
2 - no

57. Radio or TV announcements?

1 - yes
2 - no

58. Printed pamphlets?

1 - yes
2 - no

59. Please estimate the total number of regular *office hours* you keep during an average week:

1 - one to 5 hours
2 - 6 to 10 hours
3 - 11 to 15 hours
4 - 16 to 20 hours
5 - 21 to 30 hours
6 - 31 to 40 hours
7 - 41 to 50 hours
8 - 51 to 60 hours
9 - over 60 hours per week

(HOW MANY? _____)

60. On the average, about how many *home calls* do you make *each week*?

0 - none at all
1 - fewer than one per week
2 - about one to 5 per week
3 - about 6 to 10 per week
4 - about 11 to 25 per week
5 - about 26 to 50 per week
6 - more than 50 home calls per week

61. How satisfied are you with the *amount of time* you must devote to your job?

1 - very satisfied
2 - fairly satisfied
3 - not very satisfied

62. On the average, about how many patients do you see each week (including both home and office calls)?

0 - fewer than 10 per week
1 - 11 to 25 per week
2 - 26 to 40 per week
3 - 41 to 55 per week
4 - 56 to 70 per week
5 - 71 to 85 per week
6 - 86 to 100 per week
7 - 101 to 125 per week
8 - 126 to 150 per week
9 - over 150 patients per week

63. On the average, about how much time do you spend with each patient in a single office visit (excluding resumé)?

1 - not more than 5 minutes
2 - 6 to 10 minutes
3 - 11 to 15 minutes
4 - 16 to 20 minutes
5 - 21 to 25 minutes
6 - 26 to 30 minutes
7 - more than ½ hour (SPECIFY: _____)

64. About what proportion of your patients are *males*?

0 - *none* of my patients are males
1 - fewer than one-tenth are males
2 - about one-tenth are males
3 - about one-quarter are males
4 - about one-third are males
5 - about one-half are males
6 - about two-thirds are males
7 - about three-quarters are males
8 - about nine-tenths are males
9 - *all* of my patients are males

The next four questions ask you to estimate the proportions of your patients in each of *four age categories*.

65. About what proportion of your patients are *20 years old or under*?

0 - none of them
1 - fewer than one-tenth
2 - about one-tenth
3 - about one-quarter
4 - about one-third
5 - about one-half
6 - about two-thirds
7 - about three-quarters
8 - about nine-tenths
9 - all of them are 20 or under

66. About what proportion of your patients are from *21 to 40 years old*?

0 — none of them
 1 — fewer than one-tenth
 2 — about one-tenth
 3 — about one-quarter
 4 — about one-third
 5 — about one-half
 6 — about two-thirds
 7 — about three-quarters
 8 — about nine-tenths
 9 — all of them are 21 to 40 years old

67. About what proportion of your patients are from *41 to 60 years old*?

0 — none of them
 1 — fewer than one-tenth
 2 — about one-tenth
 3 — about one-quarter
 4 — about one-third
 5 — about one-half
 6 — about two-thirds
 7 — about three-quarters
 8 — about nine-tenths
 9 — all of them are 41 to 60 years old

68. About what proportion of your patients are *over 60 years old*?

0 — none of them
 1 — fewer than one-tenth
 2 — about one-tenth
 3 — about one-quarter
 4 — about one-third
 5 — about one-half
 6 — about two-thirds
 7 — about three-quarters
 8 — about nine-tenths
 9 — all of them are over 60 years old

69. If you provide a course of treatments service involving *either* a prepaid plan or some special fee system, *what proportion of your patients* take advantage of this service?

0 — none (or no such service offered)
 1 — fewer than one-tenth use this service
 2 — about one-tenth use this service
 3 — about one-quarter use this service
 4 — about one-third use this service
 5 — about one-half use this service
 6 — about two-thirds use this service
 7 — about three-quarters use this service
 8 — about nine-tenths use this service
 9 — all of them use this service

How many salaried *laboratory technicians* are employed in your office:

70. <u>Full-time?</u>	71. <u>Part-time?</u>
0 — none	0 — none
1 — one	1 — one
2 — two	2 — two
3 — three or more	3 — three or more

How many salaried *Registered Nurses* are employed in your office:

72. <u>Full-time?</u>	73. <u>Part-time?</u>
0 — none	0 — none
1 — one	1 — one
2 — two	2 — two
3 — three or more	3 — three or more

How many salaried *practical nurses* are employed in your office:

74. <u>Full-time?</u>	75. <u>Part-time?</u>
0 — none	0 — none
1 — one	1 — one
2 — two	2 — two
3 — three or more	3 — three or more

76. In what other jobs, if any, are salaried persons employed in your office?

77. Do any members of your family work in your office in a *nursing or technical* capacity?

1 — no
 2 — yes, part-time only
 3 — yes, full-time only
 4 — yes, full- and part-time

78. Do any other members of your family work in your office in a *professional* capacity?

1 — no
 2 — yes, part-time only
 3 — yes, full-time only
 4 — yes, full- and part-time

Please list the *major* items of *diagnostic equipment* which you use:

5a. _____

6a. _____

7a. _____

8a. _____

9a. _____

Please list the *major* items of
therapeutic equipment which you use:

10a. _____

11a. _____

12a. _____

13a. _____

14a. _____

15a. What is your *average fee*
for an office visit? \$ _____

16a. What proportion of your patients pay
at the time of each visit?

- 0 — none of them
- 1 — fewer than one-tenth
- 2 — about one-tenth
- 3 — about one-quarter
- 4 — about one-third
- 5 — about one-half
- 6 — about two-thirds
- 7 — about three-quarters
- 8 — about nine-tenths
- 9 — all of them

17a. What proportion of your patients 'pay'
through some form of insurance or
other coverage?

- 0 — none of them
- 1 — fewer than one-tenth
- 2 — about one-tenth
- 3 — about one-quarter
- 4 — about one-third
- 5 — about one-half
- 6 — about two-thirds
- 7 — about three-quarters
- 8 — about nine-tenths
- 9 — all of them

18a. What proportion of your patients would
you say are delinquent or negligent in
the payment of their fees?

- 0 — none of them
- 1 — fewer than one-tenth
- 2 — about one-tenth
- 3 — about one-quarter
- 4 — about one-third
- 5 — about one-half
- 6 — about two-thirds
- 7 — about three-quarters
- 8 — about nine-tenths
- 9 — all of them

19a. When patients are delinquent in the
payment of their fees, do you ever use
the services of a *collection agency*?

- 1 — yes, always
- 2 — yes, sometimes
- 3 — yes, rarely
- 4 — no (or no patients delinquent)

20a. How often are you called upon for
charity or other *free case work*?

- 0 — not at all
- 1 — less than one case per week
- 2 — about one to 4 cases per week
- 3 — about 5 to 9 cases per week
- 4 — 10 or more cases per week

21a. By what name do you refer to the
general practice at which you work?
(e.g. 'dentistry', 'chiropractic', etc.)

22a. What, if any, is your *principal specialty*
within this general practice?

23a. If you make use of laboratory work
(e.g. urinalysis, blood count, etc.),
is the work performed in your own
establishment, or sent out to a lab
service?

- 0 — no lab work used
- 1 — all sent to lab service
- 2 — all done in own establishment
- 3 — some sent to lab service, some
done in own establishment

24a. For what proportion of your patients
do you use X-ray in diagnosis?

- 0 — none
- 1 — for less than one-tenth of patients
- 2 — for about one-tenth
- 3 — about one-quarter
- 4 — about one-third
- 5 — about one-half
- 6 — about two-thirds
- 7 — about three-quarters
- 8 — about nine-tenths
- 9 — all of them

What are the five *general conditions* which you most often treat? Please list, below, first the most common, etc., and the approximate percentage of patients with each condition.

	<u>General Condition</u>	<u>% of Patients</u>
25a.	_____	_____ % (26a)
27a.	_____	_____ % (28a)
29a.	_____	_____ % (30a)
31a.	_____	_____ % (32a)
33a.	_____	_____ % (34a)

- 35a. For what proportion of your patients would you estimate that you suggest *vitamin regimen* in therapy?
- 0 — never suggest it at all
 - 1 — for fewer than one-tenth of patients
 - 2 — for about one-tenth
 - 3 — for about one-quarter
 - 4 — for about one-third
 - 5 — for about one-half
 - 6 — for about two-thirds
 - 7 — for about three-quarters
 - 8 — for about nine-tenths
 - 9 — for all of my patients

- 36a. For what proportion of your patients would you estimate that you suggest a *general dietary program*?
- 0 — never suggest it at all
 - 1 — for fewer than one-tenth of patients
 - 2 — for about one-tenth
 - 3 — for about one-quarter
 - 4 — for about one-third
 - 5 — for about one-half
 - 6 — for about two-thirds
 - 7 — for about three-quarters
 - 8 — for about nine-tenths
 - 9 — for all of my patients

- 37a. For what proportion of your patients would you estimate that you suggest the use of '*prescription drugs*'?
- 0 — never suggest it at all
 - 1 — for fewer than one-tenth of patients
 - 2 — for about one-tenth
 - 3 — about one-quarter
 - 4 — about one-third
 - 5 — about one-half
 - 6 — about two-thirds
 - 7 — about three-quarters
 - 8 — about nine-tenths
 - 9 — for all of my patients

- 38a. For what proportion of your patients would you estimate that you suggest the use of '*non-prescription drugs*'?
- 0 — never suggest it at all
 - 1 — for fewer than one-tenth of patients
 - 2 — for about one-tenth
 - 3 — for about one-quarter
 - 4 — for about one-third
 - 5 — for about one-half
 - 6 — for about two-thirds
 - 7 — for about three-quarters
 - 8 — for about nine-tenths
 - 9 — for all of my patients

- 39a. For what proportion of your patients would you estimate that you suggest some type of '*exercise program*'?
- 0 — never suggest it at all
 - 1 — for fewer than one-tenth of patients
 - 2 — for about one-tenth
 - 3 — for about one-quarter
 - 4 — for about one-third
 - 5 — for about one-half
 - 6 — for about two-thirds
 - 7 — for about three-quarters
 - 8 — for about nine-tenths
 - 9 — for all of my patients

- 40a. For what proportion of your patients do you do some *psychological counselling*?
- 0 — none at all
 - 1 — with fewer than one-tenth of patients
 - 2 — with about one-tenth
 - 3 — with about one-quarter
 - 4 — with about one-third
 - 5 — with about one-half
 - 6 — with about two-thirds
 - 7 — with about three-quarters
 - 8 — with about nine-tenths
 - 9 — with all of my patients

- 41a. Please estimate the proportion of your patients who originally come to you through professional or non-professional *referrals*:
- 0 — none at all
 - 1 — fewer than one-tenth of patients
 - 2 — about one-tenth
 - 3 — about one-quarter
 - 4 — about one-third
 - 5 — about one-half
 - 6 — about two-thirds
 - 7 — about three-quarters
 - 8 — about nine-tenths
 - 9 — all come originally through referrals

42a. What is the *major source* of your referrals?
0 – no referrals
1 – other patients of mine
2 – members of my own profession
3 – persons in other healing arts
4 – other

(SPECIFY: _____)

43a. About what percentage of the persons you see over the year would you estimate have illnesses or problems which you prefer not to treat?

_____ %

44a. In order to understand fully the general conditions prevailing in your profession in Canada it is essential that something be learned about the *income* of the practitioners. As this questionnaire is *anonymous* we should like to ask you -- What is your *average monthly gross income* (before any taxes or expenditures) from your *professional practice* only?

\$ _____

45a. What is the approximate amount of your *average monthly professional overhead costs*?

\$ _____ per month

46a. How satisfied are you, generally, with the income you currently receive from your *professional practice*?
1 – very satisfied
2 – fairly satisfied
3 – not very satisfied

If you have any sources of income *other* than your professional practice, please indicate the *average monthly amount* and the general nature of the source: (e.g. real estate investments, etc.)

Amount per month	Source
47a. \$ _____	_____
48a. \$ _____	_____

49a. Please list the names of all of the *professional journals*, Canadian and other, to which you *currently subscribe*:

50a. _____

51a. To what *professional organizations* and *associations* do you *currently* belong? (Regional, national and international)

52a. _____

53a. How frequently do you attend the *national* meetings or conventions of the associations in your *healing art*, (regardless of whether or not you belong to the group)?
0 – never attend
1 – very rarely
2 – every few years
3 – about once a year
4 – more than once a year

54a. How frequently do you attend the *international* meetings or conventions of the associations in your healing art, (regardless of whether or not you belong to the groups)?
0 – never attend
1 – very rarely
2 – every few years
3 – about once a year
4 – more than once a year

55a. What do you feel is the most important contribution professional associations make to your healing art?

56a. Do you feel there is any shortcoming in the professional associations in your healing art?

1 - no

2 - yes (IF YES, PLEASE SPECIFY: _____)

_____)

57a. In what ways have you found your profession to *differ* from your original expectations?

58a. How satisfied are you, generally, with your profession, when you consider the expectations you had at the time you chose this profession?

1 - very satisfied

2 - fairly satisfied

3 - not very satisfied

59a. What aspect of your profession satisfies you the *most* -- makes you most pleased to have chosen this profession?

60a. What aspect of your profession satisfies you the *least* -- is your biggest disappointment with your profession?

61a. How satisfied are you that the people in your community give proper recognition to your profession?

1 - very satisfied

2 - fairly satisfied

3 - not very satisfied

62a. What do you think makes a practitioner in your profession successful?

63a. What would you advise a son or other relative of yours who wanted to enter into your profession?

64a. If you had it to do all over again, do you think you would choose the same profession?

1 - definitely yes

2 - probably yes

3 - probably not

4 - definitely not

If there is anything else you would like to tell us about yourself or your healing art, please use the space below for that purpose:

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE. PLEASE RETURN IT, *AS QUICKLY AS POSSIBLE*, IN THE ENVELOPE PROVIDED, TO:

Donald L. Mills, Ph.D., Project Director,
c/o Royal Commission on Health Services,
Daly Building, P.O. Box 1173,
Ottawa, Ontario.

AT THE SAME TIME PLEASE MAIL, SEPARATELY, THE POSTAL CARD PROVIDED, SO THAT WE WILL KNOW THAT *YOU* HAVE RETURNED YOUR QUESTIONNAIRE.

Code No . . .

Name: _____

Address: _____ street _____ city _____ province _____

Check if above is Office _____, or Home _____

Profession: _____ Sex: M F Interviewer: _____

1. Are you now practising full-time, part-time, or are you retired?
- | | |
|-----------------|---|
| full-time | 1 |
| part-time | 2 |
| retired | 3 |

2. May I have your age, please?
- | | |
|---------------------|---|
| 29 or younger | 1 |
| 30 to 39..... | 2 |
| 40 to 49..... | 3 |
| 50 to 59..... | 4 |
| 60 to 69..... | 5 |
| 70 or over | 6 |

3. In what country were you born? in Canada 1
in the U.S.A. 2
 SPECIFY: other 3

4. How many years have you practised in Canada?
- | | |
|--------------------|---|
| less than one year | 1 |
| one or 2 years | 2 |
| 3 to 5 years | 3 |
| 6 to 10 years | 4 |
| 11 to 15 years | 5 |
| 16 to 20 years | 6 |
| 21 to 25 years | 7 |
| over 25 years | 8 |

5. Have you practised in any other country either before
or since you started your practice in Canada?
- yes, in the U.S.A. 1
SPECIFY: _____ yes, other 2
no, only in Canada ... 3

6. In how many different cities, towns and villages in Canada have you practised including your present practice?
- | | |
|--------------|---|
| one | 1 |
| two | 2 |
| three | 3 |
| four | 4 |
| five | 5 |
| six or | 6 |
- SPECIFY: _____

SPECIFY: _____

7. How much regular (that is, non-professional) formal academic education have you had?

- grade school, but not completed 1
- completed grade school 2
- some high school, but not completed 3
- completed high school 4
- some college or university but not completed..... 5
- completed college or university with Bachelor degree 6

8. What could you tell us about the beginnings of your profession in Canada?

MIGHT SUGGEST, AT THIS POINT, CONTRIBUTION OF SHORT WRITTEN HISTORY.

9. When you first began to practise in Canada, what were your reactions to the existing legislation dealing with your profession?

10. And what are your reactions to the *current* legislation dealing with your profession?

11. How do you feel about the development of professional associations in your healing art in Canada? local? regional? national?

general comment: _____

local:

regional:

national:

12. What kind of a job do you feel the professional associations in your healing art are now doing?

13. When you first began to practise in Canada, what was the nature of the relations between your profession and other healing arts?

14. And what is the nature of the current relations between your profession and other healing arts?

17. Do you now (or did you ever) have any professional insurance? yes, now 1
yes, before
(not now) 2
no, never 3

18. What do you think about the use of this type of insurance in your profession?

19. How do people in your profession feel about pre-paid health programs?

20. What are your own feelings about the financial situation of persons in your profession in Canada?

21. What do you see in the future for your profession in Canada? and why?

22. Are there any questions concerning you or your profession which were not asked and which you feel to be important? (discuss these)

23. Are there any questions which you would like to ask me? (record)

IF RESPONDENT APPEARS TO HAVE KNOWLEDGE ABOUT THE CANADIAN HISTORY OF HIS PROFESSION NOT HEREIN RECORDED, SUGGEST SUBMISSION OF A SHORT WRITTEN HISTORY.

APPENDIX III

Manpower Supply and Demand

APPENDIX TABLE III-1

COMBINED TOTAL OF OSTEOPATHS AND CHIROPRACTORS
IN CANADA, BY PROVINCE

Province ¹	Census Year			
	1931	1941	1951	1961 ²
Prince Edward Island	2	1	0	2
Nova Scotia.....	7	11	17	19
New Brunswick	10	12	18	16
Quebec	53	47	100	240
Ontario	254	293	427	495
Manitoba	38	51	37	44
Saskatchewan	53	39	44	36
Alberta	28	44	73	125
British Columbia	91	63	106	134
Total (Canada)...	536	561	822	1,111

¹ No data are available for Newfoundland.² Not available in 1964.Source: Dominion Bureau of Statistics, *Decennial Census of Canada* for 1931, 1941 and 1951, Ottawa: The Queen's Printer.

APPENDIX TABLE III-2

PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE NUMBER
OF YEARS THEY HAVE BEEN IN PRACTICE AT THE SAME LOCATION

Number of Years Practised at Present Address	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Less than one year	9	1	4		7
One or two years	16	10	5	8	15
Three to five years	20	8	5	25	18
Six to ten years	26	21	10	25	24
Eleven to fifteen years	17	21	12	11	17
Sixteen to twenty years	3	14	15	8	5
Twenty-one to twenty-five years..	3	8	8	6	4
Over twenty-five years	7	14	39	17	10
No response		3	1		1
Total percentage ¹	101	100	99	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE III-3

PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE NUMBER OF
CANADIAN CITIES, TOWNS AND VILLAGES IN WHICH THEY HAVE PRACTISED

Number of Different Cities, Towns and Villages of Practice (including present practice)	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
One	58	56	61	47	58
Two	28	25	24	28	27
Three	8	7	11	14	9
Four	3	3	3		3
Five	1	3			1
Six or more	1	1			1
No response	2	6	1	11	2
Total percentage ¹	101	101	100	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX IV

Recruitment: Factors Influencing the Choice of Career

APPENDIX TABLE IV-1
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
BY THE AGE AT WHICH THEY FIRST SERIOUSLY
CONSIDERED THEIR CURRENT PROFESSION
AS A CAREER

Age at First Serious Consideration of Current Profession as a Career	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Under 15 yrs. old.....	3	6	11	3	4
16 to 20 yrs. old	39	26	53	42	39
21 to 25 yrs. old	34	28	19	19	32
26 to 30 yrs. old	13	24	11	31	14
Over 30 yrs. old.....	11	17	4	6	11
No response	1		3		1
Total percentage ¹	101	101	101	101	101
Total practitioners.....	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE IV-2
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE AGE AT WHICH
THEY LEARNED WHAT A PRACTITIONER IN THEIR HEALING ART DOES

Age at Introduction to What a Practitioner in Healing Art Does	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Under 15 yrs. old.....	25	18	37	36	26
16 to 20 yrs. old	42	32	39	28	41
21 to 25 yrs. old	18	21	15	19	18
26 to 30 yrs. old	8	18	4	17	9
Over 30 yrs. old.....	6	11	3		6
No response	1		3		1
Total percentage ¹	100	100	101	100	101
Total practitioners.....	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE IV-3

PERCENTAGE DISTRIBUTION OF PRACTITIONERS
BY THE PROPORTION WHO REPORTED HAVING HAD FINANCIAL
SUBSIDIZATION IN PROFESSIONAL SCHOOL

Financial Subsidization During Professional School	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
For the entire time period.....	16	4	8	14	14
Through half or more of the time.	7	7	4	6	6
For less than half of the time...	5	3	4		4
No financial subsidization.....	73	86	84	81	75
No response.....	1				
Total percentage ¹	102	100	100	101	99
Total practitioners.....	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE IV-4

PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY AVAILABILITY OF
FINANCIAL SUBSIDIZATION FOR SCHOOLING AS A FACTOR IN CAREER CHOICE

Availability of Financial Subsidization for Schooling as an Influence in Career Choice	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
A very important influence	9	4	4	14	9
A fairly important influence	8	3	4	6	7
A minor influence	6	6	11	6	7
No influence at all	69	71	67	64	69
No response	8	17	14	11	9
Total percentage ¹	100	101	100	101	101
Total practitioners.....	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE IV-5

PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY TIME TAKEN TO PURCHASE A PRACTICE AND TERMS OF PURCHASE

Purchase of Practice and Purchase Terms	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Practice purchased in less than two years	7	4	5	8	7
Practice purchased in two to four years	6	6	1		5
Practice purchased in more than four years	3		5		3
Practice not purchased	83	90	88	92	84
No response	2				1
Total percentage ¹	101	100	99	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE IV-6

PERCENTAGE DISTRIBUTION OF PRACTITIONERS, BY THE INFLUENCE PURCHASE OF PRACTICE HAD ON CAREER CHOICE

Purchase of Practice as an Influence in Career Choice	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
A very important influence	1	3	4		2
A fairly important influence	2	1			2
A minor influence	4	6	7	6	5
No influence at all	83	76	82	83	83
No response.....	9	14	7	11	9
Total percentage ¹	99	100	100	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE IV-7

PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE KINDS OF ADVICE THEY WOULD GIVE TO SOMEONE WANTING TO ENTER THEIR PROFESSION

Advice Practitioners Would Give to Someone Wanting to Enter Their Profession	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
<i>Definite Encouragement</i>					
Emphatic 'yes'	16.9	9.7	13.5	16.7	16.1
'Would encourage it', 'Would strongly recommend it'	20.5	19.5	23.0	33.4	21.0
<i>Qualified Encouragement</i>					
Yes, but practise elsewhere (e.g., out of Canada or out of the province) .....	.7	2.8	13.5		1.7
Yes, but be prepared for opposition	3.0	5.6	1.4	2.8	3.0
Yes, but be prepared for a future of hard work.	3.8	1.4			3.2
Yes, but must realize won't make much money	1.5	1.4			1.3
Yes, but some qualifications about studying hard, learning other healing arts, etc.	9.5	7.0	5.4	2.8	8.8
Yes, but get a basic (university) education first.	6.5	5.6	1.4	2.8	5.9
Yes, but get an M.D. as well ..	1.0	1.4	6.8	5.6	1.6
Yes, if suited (e.g., academically, in personality, interest, etc.)	5.9	5.6	8.1	2.8	5.9
Yes, if motivation is to service, healing.	7.9	13.9	5.4	8.3	8.1
Yes, if motivation is a strong belief in the healing art	3.3	5.6	1.4	2.8	3.3
Yes, miscellaneous qualification (e.g., keep open mind, know good and bad points, etc.)	3.8				3.1
<i>Neutral Advice</i>					
Make own choice; make comparisons first, etc.	7.3	5.6	5.4	8.3	7.1
<i>Qualified Discouragement</i>					
Legal limitations; wait for recognition; problem of government support	2.7	1.4	2.7	2.8	2.6
<i>Definite Discouragement</i>					
No, would not advise it	2.1	5.6	5.4	2.8	2.5
Definitely not .....	.5	1.4	1.4		.6

APPENDIX TABLE IV-7 (Concluded)

Advice Practitioners Would Give to Someone Wanting to Enter Their Profession	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
<i>Other</i>	%	%	%	%	%
Miscellaneous .....	.4			2.8	.4
No response	3.0	7.0	5.4	5.6	3.5
Total per cent	100.3	100.5	100.2	100.3	99.7
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX V

Education

A. APPENDIX TABLES 1-6

APPENDIX TABLE V-1

ACCREDITED PROFESSIONAL SCHOOLS OF NATUROPATHY AND OSTEOPATHY
IN THE UNITED STATES

*Naturopathic Schools:*¹

Central States College of Physiatics,
Eaton, Ohio.

National College of Naturopathic Medicine,
2627 N. Lombard, Portland 17, Oregon.

(Branch office for administration, classes, and clinical treatment held at: 1327 North
45th Street, Seattle, Washington).

Sierra States University-College of Naturopathy and Physical Therapy, 1089-1091 South
Hoover, Los Angeles 6, California.

*Osteopathic Schools:*²

Chicago College of Osteopathy,
1122 East 53rd Street, Chicago 15, Illinois.

College of Osteopathic Medicine & Surgery,
720 - Sixth Avenue, Des Moines 9, Iowa.

Kansas City College of Osteopathy & Surgery,
2105 Independence Avenue, Kansas City, Kansas.

Kirksville College of Osteopathy and Surgery,
Kirksville, Missouri.

Philadelphia College of Osteopathy,
Spruce Street at 48th, Philadelphia 39, Pennsylvania.

¹ Catalogues of the three Naturopathic schools, 1962.

² The Office of Education of the American Osteopathic Association, *Educational Supplement*, Vol. 14,
No. 1, January 1962.

APPENDIX TABLE V-2
LENGTH OF DRUGLESS THERAPY COURSE AVAILABLE
TO STUDENTS OF CANADIAN MEMORIAL
CHIROPRACTIC COLLEGE, 1949-1962

Year	Length of Course
1949	80 hours
1950	60-75 hours
1951	65-70 hours
1952	180 hours ¹
1953	180 hours ¹
1954	180 hours ¹
1955	180 hours ¹
1956	180 hours ¹
1957	180 hours ¹
1958	180 hours ¹
1959	180 hours ¹
1960	90 hours
1961	90 hours
1962	90 hours

¹ Course included content on herbs and tissue salts.

Source: Course instructor, 1963.

APPENDIX TABLE V-3
CANADIAN STUDENT INVOLVEMENT IN OSTEOPATHIC
PROFESSIONAL EDUCATION IN THE UNITED STATES,
1947-1961

Year	Osteopathic Professional Education	
	Number of Entering Students with Pre-Osteopathic Education from Canadian Colleges	Number of Students Maintaining Canadian Residence
1961	1	1
1960	0	5
1959	0	5
1958	1	6
1957	1	9
1956	0	5
1955	0	6
1954	1	4
1953	1	5
1952	0	5
1951	0	4
1950	1	4
1949	1	3
1948	1	3
1947	0	1

Source: Letter from the Director, Office of Education, American Osteopathic Association, 1962.

APPENDIX TABLE V-4

RELATIONSHIP OF A CANADIAN MEMORIAL CHIROPRACTIC COLLEGE
FRESHMAN ENROLMENT TO SIZE OF GRADUATING CLASS FOUR YEARS LATER

Year		Ratio of Freshman Enrolment to Numbers Graduating	Coefficient of Efficiency ¹	Coefficient of Attrition ²
Entered	Graduated			
1945	1949	107/75	.70	.30
1946	1950	172/125	.73	.27
1947	1951	123/90	.73	.27
1948	1952	51/28	.55	.45
1949	1953	40/34	.85	.15
1950	1954	46/36	.78	.22
1951	1955	62/45	.73	.27
1952	1956	55/32	.58	.42
1953	1957	73/42	.59	.41
1954	1958	45/40	.89	.11
1955	1959	60/35	.58	.42
1956	1960	74/53	.72	.28
1957	1961	33/29	.88	.12
1958	1962	30/19	.63	.37
Average			.71	.29

¹ Coefficient of Efficiency = $\frac{\text{Number of entering freshmen in given year}}{\text{Number of graduates 4 years later}}$

² Coefficient of Attrition = 1,0 – coefficient of efficiency

Source: Computed from data provided by the Director of Public Information, Canadian Memorial
Chiropractic College, 1963.

APPENDIX TABLE V-5

PERCENTAGE DISTRIBUTION OF PRACTITIONERS, ACCORDING TO THE TYPE OF
PROFESSIONAL SCHOOL ATTENDED AND DURATION OF ATTENDANCE
FOR THE LARGEST PORTION OF PROFESSIONAL TRAINING, 1962

Type of Professional School Attended and Duration of Attendance	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Canadian Memorial Chiropractic College, for 36 months or more	52	8		31	44
Canadian Memorial Chiropractic College, for less than 36 months	2			3	1
College currently approved by International Chiropractic Assn., for 36 months or more ..	12				10
College currently approved by International Chiropractic Assn., for less than 36 months	11	3			9

APPENDIX TABLE V-5 (Concluded)

Type of Professional School Attended and Duration of Attendance	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
College currently accredited by National Chiropractic Assn., for 36 months or more	7	15		28	7
College currently accredited by National Chiropractic Assn., for less than 36 months.	4	3		8	4
College currently accredited by Canadian Naturopathic Assn. or by Canadian Osteopathic Association, for 36 months or more		8	72		6
College currently accredited by C.N.A. or C.O.A., for less than 36 months	*		7		1
Canadian healing arts school(s) no longer in operation, for 36 months or more	1	4			1
Canadian healing arts school(s) no longer in operation, for less than 36 months	3	3		3	3
Non-Canadian healing arts school(s) no longer in opera- tion or not currently accredited, for 36 months or more	2	33	5	8	4
Non-Canadian healing arts school(s) no longer in opera- tion or not currently accredited, for less than 36 months	5	13	14	14	6
No response	3	10	3	6	3
Total percentage ¹	101	100	101	101	99
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

* Represents a frequency of less than .5 per cent.

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE V-6
TYPES OF DEGREES AND DIPLOMAS POSSESSED BY RESPONDENTS FOR THE
SURVEY OF CHIROPRACTIC, NATUROPATHY AND OSTEOPATHY
IN CANADA

B. A	— Bachelor of Arts
B. S. A.	— Bachelor of Agricultural Science
B. Sc.	— Bachelor of Science
B. T. A.	— Bachelor of Therapeutic Arts
B. T. Sc.	— Bachelor of Therapeutic Science
C. M.	— Chirurgiae Magister
D. D. S.	— Doctor of Dental Surgery
D. D. T.	— Doctor of Drugless Therapeutics
D. N.	— Doctor of Naprapathy
D. N. S. or D. N. Sc.	— Doctor of Natural Science
D. O.	— Doctor of Osteopathy
D. Sc.	— Doctor of Science
M. D.	— Doctor of Medicine
M. H.	— Master Herbalist
N. D.	— Doctor of Naturopathy
O. D.	— Doctor of Optometry
Oph. D.	— Doctor of Ophthalmology
Ph. C.	— Philosopher of Chiropractic
Ph. D.	— Doctor of Philosophy
Phmc. C.	— Pharmaceutical Chemist
S. D.	— Doctor of Sanapracic

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

B. AN OUTLINE OF THE DRUGLESS THERAPY COURSE MADE AVAILABLE TO STUDENTS OF CANADIAN MEMORIAL CHIROPRACTIC COLLEGE, 1962-63

"Expected to require 72 hours lectures and demonstrations. Anticipated time of presentation is early Wednesday afternoons, second semester Junior and Senior years.

Text Books: Kovac's text if obtainable (out of print)

Watkins' text replace above but is smaller.

Precis will be issued to cover salient features. Review questions to promote study and stress important items will be available.

The course will stress treatment of physical conditions (local trauma) first, and evaluate the visceral problems that can be assisted to normal by physical methods.

Subjective Outline:

1. Review of elementary electronic terms, voltage, current resistance and radiant energy spectrum.
- 2A. Characteristics of the skin and internal tissues in their resistance to electric and thermal applications.
- B. Effects on the vascular and nervous system.
3. Application of electrical and thermal principles in diagnosis. This includes psychic methods such as radionics, and is taught critically to save the student from diagnostic pitfalls.
4. Diagnostic review - use of palpation, inspection and kinetic testing to evaluate the patient's problem and response to specific therapy.
5. Physiological effects, indications and contra indications. Also general (not specific) technic of application. Do's and don'ts in practice.
For the following modalities:
 - (a) galvanism
 - (b) sinusoidal - also diagnostic value
 - (c) faradic
 - (d) long wave diathermy
 - (e) short wave diathermy
 - (f) sonar diathermy
 - (g) concussion methods
6. Hypertherapy or artificial fever. An evaluation and review of the effect on the metabolism and infections residual in the body. Its place in practice.
7. Electro-therapy, advantages, disadvantages. Its limitations in office practice, i.e. - gross pathology should be handled by the surgeon.
8. Radiant energy - ultra violet, visible light and infra red sources. Indications and contra-indications, effects on metabolism and relative merits of various sections of the electro-magnetic spectrum from X-ray to radar.
9. Hydrotherapy, discussion lectures and part demonstration of Scotch Pack. Evaluation of its use in febrile and traumatic cases (i.e., general and local therapy).
10. Clinical applications, do's and don'ts concludes this course. If possible this will be practical by demonstrations and student participation."

Source: Letter from the Instructor of the Drugless Therapy Course, 1963.

APPENDIX VI

The Practice

A. PHYSICAL ASPECTS OF THE WORK SITUATION

Where do these practitioners conduct their practices?

Types of Neighborhood in which Main Offices are Located

It was shown early in Chapter III that very few chiropractic, naturopathic or osteopathic practices were located in rural areas. It was also noted that, of the 1,052 questionnaires collected in the Royal Commission survey on which community size was indicated, only fourteen were from rural areas, twelve from towns or villages of less than 1,000 population, and only thirteen other practices were reported to be located in towns or villages of 1,000 to 2,000 population.

Practitioners were also asked about the "type of neighborhood" in which their main office¹ was located (Appendix Table VI-1). Generally speaking, almost half of all practices for these groups were located in mixed residential and business areas. Slightly more than one-third more were located in general business areas, and the remainder in strictly residential areas. Appendix Table VI-1 also shows some rather marked differences among these health services. For example, the mixed business-residential area was much less popular among the osteopaths than the other professions; one-half of the osteopathic offices were located in general business areas.²

Type of Building in which Main Office is Located

Just over one-third of naturopaths, and just over one-quarter of each of the other practitioners, had their offices situated in "private residences". Of the six building types noted (Appendix Table VI-2) the "private residence" and the combined "commercial and residential" buildings are the most common. About half of

¹ Some practitioners have facilities at home for treating patients outside of regular office hours; others spend some time at secondary offices in small nearby communities, and so forth. The question here refers only to their main office.

² Perhaps some of the osteopaths who did not respond to this item on the questionnaire are practising in rural areas where the idea of "neighborhood" is less meaningful.

all offices are located in residential or mixed commercial and residential buildings. Chiropractic, naturopathic and osteopathic offices located in exclusively health services buildings were rather uncommon.

APPENDIX TABLE VI-1
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE TYPE OF
NEIGHBORHOOD IN WHICH THEIR MAIN OFFICES ARE LOCATED

Type of Neighborhood in which Main Office is Located	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Residential area (no business or stores)	14	19	20	8	15
Mixed residential and business area	49	56	27	61	48
General business area (with few or no residences)	35	22	51	31	35
Rural area	1				1
No office					
No response	1	3	1		1
Total percentage ¹	100	100	99	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

Age of Buildings in which Offices are Located

Nearly one-half of the buildings in which the offices of these professions are situated were more than one-quarter of a century old; that is, they were built prior to 1935. This statistic does not, however, represent osteopathic offices, since over four-fifths of osteopathic practices were located in relatively older buildings. This perhaps reflects the age characteristics of this group and the practice stability noted in Chapter III. In contrast, as shown in Appendix Table VI-3, chiropractors, whose age distribution is younger than that of the other groups, tend to locate in newer buildings. Thus there is an apparent and not surprising correlation between age of practitioner and the age of the building in which his practice is conducted.

APPENDIX TABLE VI-2
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE TYPE OF BUILDING IN WHICH THEIR MAIN OFFICES ARE LOCATED

Type of Building in which Main Office is Located	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
An exclusively health services building	% 2	% 3	% 7	% 8	% 3
A general professional building	9	14	15	6	10
A single office building	11	13	4	6	11
A general commercial building ..	24	17	28	22	24
A commercial and residential building	26	17	15	33	24
A private residence	26	36	30	25	27
Other ¹	1				1
No response	1	1	1		1
Total percentage ²	100	101	100	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Includes such responses as “store”, “clinic” and “rented apartment”.

² Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE VI-3
DISTRIBUTION OF PRACTITIONERS BY THE AGE OF THE BUILDING IN WHICH THEIR MAIN OFFICES WERE LOCATED

When Building Containing Main Office was Built	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
About 1955 to 1962	23	10	7	11	21
About 1945 to 1954	23	15	5	22	21
About 1935 to 1944	12	17	3	17	11
Earlier than 1935	41	54	84	50	45
No response	2	4	1		2
Total percentage ¹	101	100	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentage does not total 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

B. APPENDIX TABLES 4-13

APPENDIX TABLE VI-4
PERCENTAGE DISTRIBUTION OF PRACTITIONERS WHO REPORTED EMPLOYING
FULL-TIME AND PART-TIME REGISTERED NURSES

Number of Registered Nurses	Health Service									
	Chiropractic		Naturopathy		Osteopathy		Chiropractic- Naturopathy		Total	
	Full- time	Part- time	Full- time	Part- time	Full- time	Part- time	Full- time	Part- time	Full- time	Part- time
	%	%	%	%	%	%	%	%	%	%
None	94.2	80.3	88.9	70.8	91.9	71.6	88.9	61.1	93.5	78.4
One	2.6	1.1	5.6		6.8	1.4	5.6		3.2	1.0
Two .....	.1								.1	
Three or more										
No response	3.1	18.6	5.6	29.2	1.4	27.0	5.6	38.9	3.2	20.6
Total percentage ¹ ..	100.0	100.0	100.1	100.0	100.1	100.0	100.1	100.0	100.0	100.0
Total practitioners ..	(878)		(72)		(74)		(36)		(1,060)	

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE VI-5
PERCENTAGE OF PRACTITIONERS WHO REPORTED EMPLOYING
FULL-TIME AND PART-TIME PRACTICAL NURSES

Number of Practical Nurses	Health Service									
	Chiropractic		Naturopathy		Osteopathy		Chiropractic- Naturopathy		Total	
	Full- time	Part- time	Full- time	Part- time	Full- time	Part- time	Full- time	Part- time	Full- time	Part- time
	%		%		%		%		%	
None	82.5	72.9	63.9	56.9	81.1	60.8	72.2	50.0	80.8	70.2
One	11.6	3.3	22.2	9.7	14.9		22.2	8.3	12.9	3.7
Two .....	.8	.5	5.6			4.1			1.0	.7
Three or more .....		.1					2.8		.1	.1
No response	5.1	23.2	8.3	33.3	4.1	35.1	2.8	41.7	5.2	25.4
Total percentage ¹	100.0	100.0	100.0	99.9	100.1	100.0	100.0	100.0	100.0	100.1
Total practitioners ...	(878)		(72)		(74)		(36)		(1,060)	

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE VI-6
PERCENTAGE DISTRIBUTION OF PRACTITIONERS WHO UTILIZED OTHER
CATEGORIES OF SALARIED PERSONNEL EITHER IN
A FULL-TIME OR PART-TIME CAPACITY

Type of Salaried Personnel	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	68.3	69.4	70.3	47.2	67.8
Receptionist or secretary	21.4	8.3	14.9	16.7	19.9
Maintenance	5.8	9.7	5.4	19.4	6.5
Bookkeeping or accounting	1.1	2.8	1.4		1.2
Secretary-bookkeeper or receptionist-bookkeeper	1.1			5.6	1.1
Assistant practitioner.....	.1	2.8		2.8	.4
Physiotherapist and/or masseur	.7	1.4		2.8	.8
Other.....	1.3	5.6	8.1	5.6	2.2
No response.....	.1				.1
Total percentage ¹	99.9	100.0	100.1	100.1	100.0
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE VI-7
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
BY THE PROPORTION OF THEIR PATIENTS FOR WHOM
THEY USE X-RAY IN DIAGNOSIS

Proportion of Patients For Whom X-ray is Used in Diagnosis	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	4.1	25.0	8.1	11.1	6.0
Less than one-tenth	13.8	23.6	32.4	30.6	16.3
About one-tenth	12.1	22.2	28.4	22.2	14.2
About one-quarter	12.4	11.1	16.2	13.9	12.6
About one-third	5.8	1.4	5.4	2.8	5.4
About one-half	9.6	1.4	1.4	2.8	8.2
About two-thirds	8.1	4.2			7.0
About three-quarters	12.3	4.2	2.7	8.3	10.9
About nine-tenths	13.0			5.6	10.9
All patients	7.3				6.0
No response	1.6	6.9	5.4	2.8	2.3
Total percentage ¹	100.1	100.0	100.0	100.1	99.8
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths 1962.

APPENDIX TABLE VI-8

PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY PERCENTAGE OF
PATIENT LOAD POSSESSING MUSCULO-SKELETAL CONDITIONS¹

Percentage of Patient Load With Musculo-skeletal Conditions	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	2	10		8	3
Less than 20 per cent of patients	2	8		8	3
10 — 39 per cent	14	24	10	22	15
40 — 59 per cent	26	26	19	14	25
60 — 79 per cent	26	14	26	14	25
80 per cent or more	20	6	28	17	20
Percentage unspecified	6	8	11	14	7
No response	3	4	7	3	3
Total percentage ²	99	100	101	100	101
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ Musculo-skeletal patient conditions reported by a practitioner — if more than one musculo-skeletal condition was reported — were totalled before assigning a practitioner to the appropriate "percentage of patient load" category.

² Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE VI-9

PERCENTAGE DISTRIBUTION OF PRACTITIONERS
BY PERCENTAGE OF PATIENT LOAD
POSSESSING NEUROLOGICAL CONDITIONS¹

Percentage of Patient Load With Neurological Conditions	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	21	44	41	33	24
Less than 20 per cent of patients	23	18	12	19	21
20—39 per cent	31	25	31	28	31
40—59 per cent	12	1	1	6	10
60—79 per cent	3	1			3
80 per cent or more	2			3	2
Percentage unspecified	5	6	8	8	6
No response	3	4	7	3	3
Total percentage ²	100	99	101	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹ All neurological patient conditions reported by a practitioner — if more than one neurological condition was reported — were totalled before assigning a practitioner to the appropriate "percentage of patient load" category.

² Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE VI-10
PERCENTAGE DISTRIBUTION OF PRACTITIONERS
BY PERCENTAGE OF PATIENT LOAD
POSSESSING PSYCHOLOGICAL CONDITIONS¹

Percentage of Patient Load With Psychological Conditions	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	59	74	65	83	61
Less than 20 per cent of patients	21	15	14		20
20-39 per cent.....	12	6	11	11	11
40-59 per cent.....	1			3	1
60-79 per cent.....		1			
80 per cent or more					
Percentage unspecified	3		4		3
No Response	3	4	7	3	3
Total percentage ²	99	100	101	100	99
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹All psychological patient conditions reported by a practitioner — if more than one psychological condition was reported — were totalled before assigning a practitioner to the appropriate "percentage of patient load" category.

²Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE VI-11
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY PERCENTAGE
OF PATIENT LOAD POSSESSING "OTHER"¹ CONDITIONS²

Percentage of Patient Load With "Other" Conditions	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	36	8	32	6	33
Less than 20 per cent of patients	31	11	26	22	29
20 - 39 per cent	17	17	26	14	17
40 - 59 per cent	6	22	3	25	8
60 - 79 per cent	2	17	1	8	3
80 per cent or more	1	14		8	2
Percentage unspecified	4	7	5	14	5
No response	3	4	7	3	3
Total percentage	100	100	100	100	100
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹This includes specified conditions — visceral, sinus, respiratory, female disorders, cardio-vascular, allergy, proctology, genito-urinary, nutritional, dermatological, infections, and general health — along with a few unspecified responses such as "miscellaneous conditions".

²All "other" patient conditions reported by a practitioner — if more than one "other" condition was reported — were totalled before assigning a practitioner to the appropriate "percentage of patient load" category.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE VI-12
PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE PROPORTION OF THEIR
PATIENTS FOR WHOM THE USE OF "PRESCRIPTION DRUGS" WAS
SUGGESTED IN THERAPY

Proportion of Patients for whom the Use of "Prescription Drugs" was Suggested	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
Never suggest it	79.5	69.4	25.7	69.4	74.7
Fewer than one-tenth	14.8	12.5	31.1	19.4	15.9
About one-tenth	2.7	11.1	20.3	11.1	4.8
About one-quarter .....	.7		10.8		1.3
About one-third .....	.1		4.1		.4
About one-half			1.4		.1
About two-thirds					
About three-quarters					
About nine-tenths		2.8			.2
All patients					
No response	2.2	4.2	6.8		2.5
Total percentage ¹	100.0	100.0	100.2	99.9	99.9
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Percentages do not total to 100 because of rounding.
Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

APPENDIX TABLE VI-13

PERCENTAGE DISTRIBUTION OF PRACTITIONERS BY THE PROPORTION OF THEIR PATIENTS FOR WHOM SOME PSYCHOLOGICAL COUNSELLING IS DONE IN THERAPY

Proportion of Patients for Whom Some Psychological Counselling is Done	Health Service				
	Chiro.	Naturo.	Osteo.	C-N	Total
	%	%	%	%	%
None	16.7	6.9	6.8	8.3	15.1
Fewer than one-tenth	33.0	19.4	25.7	22.2	31.2
About one-tenth	23.2	23.6	20.3	22.2	23.0
About one-quarter	10.4	22.2	18.9	19.4	12.1
About one-third	5.2	5.6	6.8	16.7	5.8
About one-half	4.3	2.8	6.8	2.8	4.3
About two-thirds	1.7	2.8			1.6
About three-quarters	1.7	4.2	4.1	5.6	2.2
About nine-tenths .....	.6	2.8	1.4		.8
All patients	1.8	5.6	8.1	2.8	2.5
No response	1.3	4.2	1.4		1.4
Total percentage ¹	99.9	100.1	100.3	100.0	100.0
Total practitioners	(878)	(72)	(74)	(36)	(1,060)

¹Percentages do not total to 100 because of rounding.

Source: The Royal Commission on Health Services questionnaire survey of chiropractors, naturopaths and osteopaths, 1962.

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